



MEMBERS 1st
FEDERAL CREDIT UNION

Change Automatic Withdrawal

To make your switching experience easier, please give this form to any company that you have automatic withdrawals set up with (utility companies, insurance companies, mortgage companies, etc.). The company may require a copy of a voided check in addition to this form. Please make copies as needed.

To:

Company (that makes automatic withdrawal)

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment
is for), _____ (account or other identifying number), _____ (when)
from the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Please stop making withdrawals from the account above and instead make
withdrawals from:

Members 1st Federal Credit Union
P.O. Box 8893
Camp Hill, PA 17001
Routing Number: 231382241

Checking Account Number: _____
(10 or 14-digit account number located at the bottom of your checks)

If you have any questions, please contact me at (_____) _____ – _____ (phone number).

Thank you.

Sincerely,

Signature

Date

Address

Name (please print)

City, State, Zip



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Change Payroll Direct Deposit

To make your switching experience easier, please give this form to the company that processes your direct deposit (payroll, pension, Social Security Administration). Your processor may require additional forms to be completed. Please make copies as needed.

To:

Employee/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing my ENTIRE PAYCHECK / PART OF MY PAYCHECK (circle one) to the following account:

Old Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Members 1st Federal Credit Union
P.O. Box 8893
Camp Hill, PA 17001

Telephone Number: (800) 237-7288

☐ Savings ☐ Checking

Routing Number: 231382241

Check or Savings Account Number: _____

(insert your 10 or 14-digit checking account number or your 17 digit savings account number)

If you have any questions, please contact me at (_____) _____ - _____ (phone number).

Thank you.

Sincerely,

Signature

Date

Address

Name (please print)

City, State, Zip

Other Information Your Depositor May Need



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Close Checking Account Form

To make your switching experience easier, please send this form to your current financial institution to close your account. Please make any copies as needed.

Current Financial Institution Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

This is a request to close my accounts with your financial institution. I would like to close the following account(s):

Account Number _____

Account Number _____

Account Number _____

Please send a check for the remaining balance to:

☐ Name _____

Address _____

City, State, Zip _____

☐ Members 1st Federal Credit Union
P.O. Box 8893
Camp Hill, PA 17001

If you have any questions, please contact me at () _____ – _____ (phone number).

Thank you.

Sincerely,

Signature

Date

Co-Signer Signature

Date

Name (please print)

Name (please print)

Address

City, State, Zip