

# Account Closure



## PRIMARY APPLICANT

Date \_\_\_\_\_

Bank's Name \_\_\_\_\_

Bank's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

Please close my account \_\_\_\_\_  
(account number)

and send a check for the remaining balance in my name to MAC Federal Credit Union at the address listed below. If you have any questions about this request, please contact me at

( ) \_\_\_\_\_

Thank you.

\_\_\_\_\_  
Signature

MAC Federal Credit Union  
P.O. Box 35025  
Ft. Wainwright, AK 99703



## JOINT APPLICANT

Date \_\_\_\_\_

Bank's Name \_\_\_\_\_

Bank's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

Please close my account \_\_\_\_\_  
(account number)

and send a check for the remaining balance in my name to MAC Federal Credit Union at the address listed below. If you have any questions about this request, please contact me at

( ) \_\_\_\_\_

Thank you.

\_\_\_\_\_  
Signature

MAC Federal Credit Union  
P.O. Box 35025  
Ft. Wainwright, AK 99703



Account Closure

# Change Automatic Withdrawal



## PRIMARY APPLICANT

Date \_\_\_\_\_

Name of Company Making Automatic Withdrawal:  
\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_  
(amount)

for my \_\_\_\_\_,  
(what payment is for)

\_\_\_\_\_, \_\_\_\_\_  
(account number) (frequency)

from the following account:

Old Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please stop making withdrawals from that account,  
and begin making them from:

Financial Institution: **MAC Federal Credit Union**

Bank Routing Number: **325280039**

Account Number: \_\_\_\_\_

Checking  Savings

If you have any questions about this request, please  
contact me at: ( ) \_\_\_\_\_.

Thank you.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_



## JOINT APPLICANT

Date \_\_\_\_\_

Name of Company Making Automatic Withdrawal:  
\_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_  
(amount)

for my \_\_\_\_\_,  
(what payment is for)

\_\_\_\_\_, \_\_\_\_\_  
(account number) (frequency)

from the following account:

Old Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please stop making withdrawals from that account,  
and begin making them from:

Financial Institution: **MAC Federal Credit Union**

Bank Routing Number: **325280039**

Account Number: \_\_\_\_\_

Checking  Savings

If you have any questions about this request, please  
contact me at: ( ) \_\_\_\_\_.

Thank you.

Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Change Automatic  
Withdrawal



# Change Payroll Direct Deposit



## PRIMARY APPLICANT

Date \_\_\_\_\_

Employer/  
Depositor's  
Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

You are currently depositing (check one):

Net Pay       Payroll Deduction

to the following account:

Old Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please stop making deposits to that account  
and begin making them to:

Financial Institution: **MAC Federal Credit Union**

Bank Routing Number: **325280039**

Account Number: \_\_\_\_\_

Checking       Savings

If you have any questions about this request, please  
contact me at (\_\_\_\_\_) \_\_\_\_\_.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip



## JOINT APPLICANT

Date \_\_\_\_\_

Employer/  
Depositor's  
Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

To Whom It May Concern:

You are currently depositing (check one):

Net Pay       Payroll Deduction

to the following account:

Old Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please stop making deposits to that account  
and begin making them to:

Financial Institution: **MAC Federal Credit Union**

Bank Routing Number: **325280039**

Account Number: \_\_\_\_\_

Checking       Savings

If you have any questions about this request, please  
contact me at (\_\_\_\_\_) \_\_\_\_\_.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Change Payroll  
Direct Deposit



# New Account Information



## PRIMARY APPLICANT

- Individual
- Joint Account with Survivorship
- Joint Account **without** Survivorship

Member Name \_\_\_\_\_

Home Address \_\_\_\_\_

- Rent     Own

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Account Type

- Share Savings
- Share Draft
- Share Certificate

### Account Services

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Direct Deposit       | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> ATM Card   |
| <input type="checkbox"/> Online Banking       | <input type="checkbox"/> STAR       |

Employer Name: \_\_\_\_\_

Membership

Eligibility: \_\_\_\_\_

- Fairbanks North Star Borough
- Military Affiliation

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Account activation requires a copy of your valid government issued identification, a minimum deposit of \$10, and a signed account card.



## JOINT APPLICANT

- Individual
- Joint Account with Survivorship
- Joint Account **without** Survivorship

Member Name \_\_\_\_\_

Home Address \_\_\_\_\_

- Rent     Own

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Account Type

- Share Savings
- Share Draft
- Share Certificate

### Account Services

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Direct Deposit       | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Overdraft Protection | <input type="checkbox"/> ATM Card   |
| <input type="checkbox"/> Online Banking       | <input type="checkbox"/> STAR       |

Employer Name: \_\_\_\_\_

Membership

Eligibility: \_\_\_\_\_

- Fairbanks North Star Borough
- Military Affiliation

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Account activation requires a copy of your valid government issued identification, a minimum deposit of \$10, and a signed account card.

New Account Information

