

Account Close Authorization

To close your current checking account at another financial institution, please print this Authorization To Close form for each account, make a copy for your records, and mail the completed form to the financial institution.



Account To Close:

Name of Financial Institution: _____

Account Owner: _____

Joint Owner (if applicable) _____

Street Address: _____

City, State, Zip code: _____

Please close the following accounts:

Checking Account Number _____

Savings Account Number _____

Other Account Number _____

Please close this account and send a check, payable to the account owners, to the address on file.

Owner Signature

Joint Owner Signature

Print Owner Name

Print Joint Owner Name

Automatic Payment Change Authorization

To change automatic payments debited to your account at another financial institution, please print this Automatic Payment Change form for each account, make a copy for your records, and mail the completed form to the company or organization that is withdrawing



Payment Change Information

Name: _____

Street Address: _____

City, State, Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

You are currently deducting my automatic payments from:

Name of Financial Institution:

Please deduct future payments from the account indicated below at:

Waterbury CT Teachers Federal Credit Union
PO Box 2121, Waterbury, CT 06722
203-758-9500 800-992-2226

Routing & Transit #: 211179607

Checking Account # or Savings Account #

My signature below authorizes you to take future automatic payments from the Waterbury CT Teachers Federal Credit Union.

Signature: _____

Direct Deposit Change Authorization



To move your direct deposit from another financial institution to WCTFCU, print this form, make a copy for your records, and mail the completed form

Name : _____

Second Name (if applicable): _____

Street Address: _____

City, State, Zip code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Please discontinue sending my direct deposit to:

Name of Financial Institution: _____

Effective immediately, please begin sending the deposit designated below to:

**Waterbury CT Teachers Federal Credit Union
PO Box 2121, Waterbury, CT 06722
203-758-9500 800-992-2226**

My (our) signature below authorizes the above listed entity to initiate deposit of my funds to an account at the Waterbury CT Teachers Federal Credit Union. This authorization will remain in effect until I submit a change or cancellation in writing.

Owner Signature _____

Joint Owner Signature (if applicable): _____