



Existing Account Closing Form

ABBEY
CREDIT UNION
INCORPORATED

Please close my account listed below and forward me a check for the total balance (plus any interest accrued if applicable) to the address listed below.

If you require any additional information, you can reach me at: _____(Phone) or _____(Phone)

Account Number: _____

Name(s) on Account: _____ / _____

Social Security Number: _____ - _____ - _____ / _____ - _____ - _____

Type of Account: _____ Checking _____ Savings _____ Money Market (Check One)

Please mail a cashier's check made payable to:

Abbey Credit Union, for the benefit of: _____(Name)

800 Falls Creek Drive
Vandalia, OH 45377-8600

OR

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Thank you for your prompt attention to this matter.

Sincerely,

Account Holder Signature: _____ Date: _____
(Notary Required)

Joint Account Holder Signature: _____ Date: _____
(Notary Required)

Notary:

State of: _____

County of: _____

On this _____ day of _____, 20____, before me personally appeared _____, known to me or proven to be the person(s) described in and who executed the same as his/her/their free act and deed.

Notary Public, State of: _____

My Commission Expires: _____



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Bill Pay Switch Kit Form

*Complete this form for each bill pay account you plan on switching.
Or if you prefer, simply provide a recent bill for each creditor and
Abbey Credit Union will assist you in the setup of each bill pay
account at your follow-up appointment.*

Creditor #1

Creditor Name: _____ Account Number with Creditor: _____

Creditor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Area Code) _____

Name on Account (if different): _____

Creditor #2

Creditor Name: _____ Account Number with Creditor: _____

Creditor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Area Code) _____

Name on Account (if different): _____

Creditor #3

Creditor Name: _____ Account Number with Creditor: _____

Creditor Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Area Code) _____

Name on Account (if different): _____



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Automatic Payment Switch Kit Form

Complete this form to notify a company of your request to redirect your automatic payment from your new Abbey Credit Union account. Please complete one form for each automatic payment you wish to change.

STEP 1

Complete this form

STEP 2

Attach a voided check to this form

STEP 3

Submit form & voided check to each company that automatically debits payments from your account.

TO:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Company Account Number: _____

OR

Abbey CU will be glad to mail each Automatic Payment Switch Kit For for you.

FROM:

Customer Name: _____

Customer Social Security Number: _____ - _____ - _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Area Code) _____

Please redirect my automatic payment from my Abbey Credit Union account effective:
_____ Immediately Or _____ Beginning: _____ (Date)

Abbey Credit Union Account No.: _____

Abbey Credit Union Routing No.: _____

Name on Account: _____

I authorize the company named above to process my payment from Abbey Credit Union, Inc. for the purpose of automatically withdrawing funds from my account designated above and to initiate, if necessary, any debit or credit entries to correct any erroneous debits from my account. I acknowledge that the organization of ACH transactions from my account must comply with the provisions of U.S. Law.

Customer Signature: _____ Date: _____



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Direct Deposit Switch Kit Form

Complete this form to authorize your employer to directly deposit your payroll or other credit to your Abbey Credit Union checking or savings account.

STEP 1

Complete this form.
(Use one form for each request).

STEP 2

Attach a voided check to this form

STEP 3

Submit form & voided check to your employer or Human Resource Dept., or to the originator of our direct deposit.

OR

Abbey CU will be glad to mail each Direct Deposit Switch Kit For for you.

TO:

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

FROM:

Employee Name: _____

Employee Social Security Number: _____ - _____ - _____ Employer ID # _____

Employee Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Area Code) _____

Please redirect my:

_____ Existing Direct Deposit

_____ New Direct Deposit

Account you would like your check automatically deposited into:

_____ Checking

_____ Savings

_____ Money Market

Abbey Credit Union Account No.: _____

Abbey Credit Union Routing No.: _____

I authorize (name of company) and Abbey Credit Union to automatically deposit my check into my account listed above. This authorization will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Employee Signature: _____ Date: _____