



# NorthRidge Community Credit Union Account Closure Form

## Account Closure Request

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Current Bank or Credit Union \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *ZIP Code*

## Please close the following accounts

Account Number: \_\_\_\_\_ Account Type: **(Check One)** **Checking** **Savings**

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Account Number: \_\_\_\_\_ Account Type: **(Check One)** **Checking** **Savings**

## Please send any remaining funds to:

Credit Union Address: **NorthRidge Community Credit Union**  
**PO Box 200**  
**283 Kennedy Memorial Drive**  
**Hoyt Lakes, MN 55750**

Routing Number 291274085

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

Primary Account Holder Signature: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## NorthRidge Community Credit Union Direct Deposit Authorization Agreement

### Direct Deposit Authorization

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address AptUnit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State ZIP Code*

### Deposit Instructions

Account Number: \_\_\_\_\_ Account Type: **(Check One)**  **Checking**  **Savings**  
NorthRidge Community Credit Union Routing/Transit Number: **291274085**

I hereby Authorize

- Above listed entity to initiate deposit of my funds to my NorthRidge Community Credit Union checking or savings account
- NorthRidge Community Credit Union to apply the deposits to my account(s).

This authorization to remain in full effect until I send written notice of change or cancellation.

Please begin sending this deposit to NorthRidge Community Credit Union at:  
NorthRidge Community Credit Union  
PO Box 200  
Hoyt Lakes, MN 55750

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



NorthRidge Community Credit Union
Authorization for Auto Payments

Account Holder Information

Name: Last First M.I.
Address: Street Address Aptt/Unit #
City State ZIP Code

Financial Institution Information

NorthRidge Community Credit Union
PO Box 200
283 Kennedy Memorial Drive
Hoyt Lakes, MN 55750
Routing/Transit Number: 291274085

Account Number Checking Savings (check one)

Vendor Information

Vendor Name:
Vendor Account Number:

Please check one option below for your payment type.
Specific Payment Amount
I authorize the named vendor to initiate payments of from my checking/savings account as indicated.
Variable Payment Amount
I authorize the named vendor to initiate variable payments from my checking/savings account as indicated.

This authorization will remain in effect until I notify the authorized vendor (listed above) in writing to cancel this payment in a reasonable timeframe. This reasonable timeframe will provide the vendor adequate opportunity to cancel the previously authorized payment.

I also acknowledge that I remain obligated to pay for the authorized services in the event that a charge to my account is dishonored, for whatever reason, and that the aforementioned vendor retains its normal collection rights.

Signature:
Date:



# NorthRidge Community Credit Union Direct Deposit Change Request

## Direct Deposit Change Request

Direct Deposit  
Source:

\_\_\_\_\_ *Social security, employer, pension, etc.*

Name:

\_\_\_\_\_ *Last First M.I.*

Social Security  
Number:

\_\_\_\_\_

Address:

\_\_\_\_\_ *Street Address Apt/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Please change the destination of my Direct Deposit Routing.  
Discontinue sending my automatic direct deposit to:

(Financial Institution) \_\_\_\_\_, account \_\_\_\_\_.  
NorthRidge Community Credit Union Routing/Transit Number: **291274085**

Please begin sending this deposit to NorthRidge Community Credit Union at:  
NorthRidge Community Credit Union  
PO Box 200  
Hoyt Lakes, MN 55750

## Deposit Instructions:

Deposit entire amount to Checking Account Number: \_\_\_\_\_

Deposit \$\_\_\_\_\_ (specific amount) to Savings Account Number \_\_\_\_\_ and  
the remainder into Checking Account number \_\_\_\_\_

Other special instructions

I hereby authorize \_\_\_\_\_ to initiate deposit of my funds to my NorthRidge Community Credit Union checking or savings account. I also authorize NorthRidge Community Credit Union to credit entries in to my account(s) as noted. This authorization will remain in effect until I send written notice of change and/or cancellation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_