

# Direct Deposit Authorization Form

**NSFCU Routing Number 211977362**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Paid:  Weekly  Bi-Weekly  Monthly  Bi-Monthly

Deposit to  Business Savings or  Business Checking

Deposit specific amount per period: \$ \_\_\_\_\_ or  Net Pay

*To distribute funds into other accounts, please use the section below and provide the credit union with a copy to ensure proper distribution.*

Business Savings: \$ \_\_\_\_\_

Business Checking: \$ \_\_\_\_\_

Business Money Market: \$ \_\_\_\_\_

Business Loan \$ \_\_\_\_\_

By completing this Authorization Form for Direct Deposit, I am authorizing the automatic deposit of my payroll or other funds into my credit union account. This authorization is to remain in effect until the payment originator has received written notification modifying or revoking my authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

Right of Off-Set: I give you security interest in all funds now or hereafter to my share and share draft accounts associated with the above account number and I authorize you to apply any or all such funds to the payment of any amount in the default on this account.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your Nutmeg State Federal Credit Union account. **Complete one authorization for each company that makes automatic withdrawals from your account.** Remember to change any automatic payments made by debit card too.

Name of Company That Makes Automatic Withdrawal: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

To Whom It May Concern: You are currently withdrawing \$\_\_\_\_\_ (amount) \_\_\_\_\_ (frequency) for my \_\_\_\_\_ (what payment is for) from the following institution or credit card:

\_\_\_\_\_ Old Bank  
\_\_\_\_\_ Routing Number  
\_\_\_\_\_ Card Number  
\_\_\_\_\_ Account Number

**Please discontinue withdrawals from this account and** (check one):

Begin withdrawals from my account at Nutmeg State Federal Credit Union, 521 Cromwell Ave., Rocky Hill, CT 06067.

Routing Number: **211977362**

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

Savings    Checking (check one)

OR

I will use Nutmeg State Federal Credit Union's Bill Pay service to make future payments.

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

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

Printed Name: \_\_\_\_\_

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

Address : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



# Authorization to Close Account

*Please accept this as authorization to close the account(s) listed below; please remit any remaining balances and any accrued interest to Nutmeg State Federal Credit Union for the benefit of:*

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

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

Routing Number: 211977362

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Immediately close and transfer the balances in the following Business account(s):

Checking: \_\_\_\_\_

Saving: \_\_\_\_\_

Saving: \_\_\_\_\_

Money Market: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

I hereby authorize the closing of this account and the transfer of funds. Thank you for your immediate assistance.

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

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

Phone: \_\_\_\_\_

