



P.O. Box 53032  
Los Angeles, CA 90053-0032  
e-Mail: [memberservices@LAFCU.org](mailto:memberservices@LAFCU.org)

# Account Closure Form

Please **close this account** per my instructions below:

Financial Institution \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_, ext. \_\_\_\_\_

Please transfer any remaining balance to:

Los Angeles Federal Credit Union

P.O. Box 53032

Los Angeles, CA 90053

**Routing Transit #: 322078370**

Account # to be CLOSED \_\_\_\_\_  Savings or  Checking or \_\_\_\_\_

I authorize the closure of my account effective as of this date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

*Please **leave sufficient funds** in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close the old account completely.*



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# Direct Deposit Request

## for other than Los Angeles City Government Employees

**Instructions:** Fill out this form then **GIVE IT TO YOUR EMPLOYER** for immediate processing. Your Direct Deposit will be effective about six (6) weeks after your authorization is received by your employer.

**Select one:**

- Start Direct Deposit with *Los Angeles Federal Credit Union (LAFCU)*, **ROUTING TRANSIT #322078370**
- Change Direct Deposit Financial Institution to *Los Angeles Federal Credit Union*

To which of your **LAFCU** accounts do you want your Direct Deposit sent? (select **ONE**):  Checking  Savings

Type of Direct Deposit:  Entire paycheck OR  Partial amount of \$\_\_\_\_\_ each paycheck

\_\_\_\_\_  
**YOUR First Name** Middle Initial Last Name

\_\_\_\_\_  
Social Security # 6-Digit Account # at LAFCU 2 Digit Account ID (*Checking=09 or 10, & Savings=00*)

\_\_\_\_\_  
Street Address City State Zip Code

( ) , ext. \_\_\_\_\_  
Phone Work Email Address

\_\_\_\_\_  
**EMPLOYER Name** **Employer Street Address**

\_\_\_\_\_  
Employer City State Zip ( )  
Employer Phone #

\_\_\_\_\_  
Your Signature Date



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## Pre-Authorized Automatic Withdrawal Change Request

Please **give this form** to all companies with whom you have automatic withdrawals.

Name of Company \_\_\_\_\_

Account # \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_  Monthly or  Weekly

Name(s) on Account \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ , ext. \_\_\_\_\_

### Please **DISCONTINUE** my current automatic withdrawal from this account:

Former Financial Institution Name \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

### Please make all **FUTURE** automatic withdrawals from the following account:

Financial Institution: LOS ANGELES FEDERAL CREDIT UNION (877) 695-2328

Routing Transit #: **322078370** Account # \_\_\_\_\_  Checking or  Savings

Effective Date \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Address \_\_\_\_\_

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

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_