

**Red River Credit Union
TRANSFER FORM(s)**

Today's date:

| MY ACCOUNT INFORMATION | | | |
|--|---|-------------------------------|--|
| last name: | First: | Middle: | <input type="checkbox"/> Mr. |
| Birth date: | Social Security no.: | Red River Account # | <input type="checkbox"/> Mrs. |
| | | | <input type="checkbox"/> Miss |
| | | | <input type="checkbox"/> Ms. |
| Street address: | City | State | Zip |
| Home phone # () () () | Cell phone # () () () | Fax # () () () | |
| <input type="checkbox"/> Please Transfer my account | | | |
| <p>I hereby authorize the closure of my account(s). All my checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped.</p> <p align="center">Please mail my balance to my new account at: RED RIVER CREDIT UNION P.O. Box 638 Altus, OK 73522</p> | | | |
| Signature | | | |
| Signature of Joint owner – if any | Print Name | Date: | / / |
| <input type="checkbox"/> Cancel My Automatic Payment | | | |
| <p>Please cancel the automatic payment currently set up to pay the account below:</p> | | | |
| Financial Institution Payment Made to: | | | |
| Address: | Acct# | | |
| <p>I understand I must provide at least two weeks notice for this change to take affect. Therefore, my account will remain available for any automatic payment that is scheduled to occur within two weeks of the date of this notice.</p> <p>Two weeks from the date below, no further payments are authorized.</p> | | | |
| Date: | | | |
| Signature of account holder | Scheduled Payment \$ | Account# | |
| Signature of Joint owner – if any | Print Name | Date: | / / |
| <input type="checkbox"/> Switch My Direct Deposit | | | |
| <p>Please stop direct deposits to my account at:</p> <p>Start direct deposits into my new Red River Credit Union Account.</p> | | | |
| Routing Number #303184542 | <input type="checkbox"/> ACCOUNT NUMBER | Deposit to: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <p>I authorize my automatic direct deposit payment to change as indicated above.</p> | | | |
| Signature of account holder | Scheduled Payment \$ | Date: | / / |
| If you have any questions about this request, please do not hesitate to call. | | | |