

CHANGE AUTOMATIC WITHDRAWAL

Please Print this form, fill it out and fax it back the Sonoma County Grange Credit Union (707) 584-3811. You can also drop it in the mail or stop by the office: 304 Sutton Place Santa Rosa, CA 95407

Date

Name of Company That Makes Automatic Withdrawal

Street Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____
(what payment is for), _____ (account or other identifying
_____ number), (when) from the following account:

Old Bank: _____

Old Bank Routing Number: _____

Old Account Number: _____

Please stop making withdrawals from that account and instead make them
from: Financial Institution Name: The Sonoma County Grange Credit Union
Bank Routing Number: 321177573
Account Number: _____

If you have any questions about this request, please contact me during the *DAY / EVENING*
(circle one) at _____ (phone number).

Signature

Name (please print)

Street Address



CHANGE PAYROLL DIRECT DEPOSIT

Please Print this form, fill it out and fax it back the Sonoma County Grange Credit Union (707) 584-3811. You can also drop it in the mail or stop by the office: 304 Sutton Place Santa Rosa, CA 95407

Date

Employer/Depositor's Name

Street Address

City, State, Zip

To Whom It May Concern:

You are currently depositing *MY ENTIRE PAYCHECK / PART OF MY PAYCHECK* (circle one) for the following account:

Old Bank: _____

Old Bank Routing Number: _____

Old Account Number: _____

Please stop making deposits to that account and instead send them

t o : The Sonoma County Grange Credit Union

Bank Routing Number: 321177573

Account Number: _____

If you have any questions about this request, please contact me during the *DAY / EVENING* (circle one) at _____ (phone number).

Signature

Name (please

print) Street

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID#)



CLOSE ACCOUNT

Please Print this form, fill it out and fax it back the Sonoma County Grange Credit Union (707) 584-3811. You can also drop it in the mail or stop by the office: 304 Sutton Place - Santa Rosa, CA 95407

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____(account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the *DAY / EVENING* (circle one) at _____(phone number).

Thank you.

Sincerely,

Signature

Joint Owner

Name (please print)

Joint Owner Name (please print)

Street Address

City, State, Zip

