



Authorization to Change Automatic Payment

Use this form to transfer your automatic payments to your First Financial checking account.

Re: Account Holder Name
Account Number

Effective (date) FILL IN, I hereby authorize automatic payments from my checking account at:

First Financial Credit Union
PO Box 25587
Albuquerque, NM 87125-0587

Routing Number 307083694

Checking Account Number

Signature:

Name:

Address:

City, State, Zip:

Daytime Phone Number:

Previous Financial Institution Information (if applicable)

Name of Financial Institution:

Account Number:

Address:

City, State, Zip:



Direct Deposit Authorization

Submit this form and a copy of a voided First Financial check to your employer or any company/organization that you want to automatically deposit funds to your First Financial checking account.

Effective (date) FILL IN, I hereby authorize FILL IN to deposit my paycheck/recurring payment to my First Financial Credit Union checking account. I have attached a copy of a voided First Financial CU check for reference.

New Financial Institution Information

First Financial Credit Union

Routing Number 307083694

Account Number

Signature:

Name:

Address:

City, State, Zip:

Daytime Phone Number:

ID Number (payroll or SSN):

Previous Financial Institution Information (if applicable)

Name of Financial Institution:

Account Number:

Address:

City, State, Zip:

Attach copy of a voided First Financial check.



Authorization to Close Account

Complete and send this form to your previous financial institution. Your remaining funds can be sent via check either to your home/mailling address or to your account at First Financial CU.

Name of Financial Institution:

Address:

City, State, Zip:

Effective FILL IN , I hereby authorize closure of my account(s).

Account holder's name:

Savings account number:

Checking account number:

Address:

City, State, Zip:

Daytime Phone Number:

Please forward any remaining funds in the form of a check to:

Signature: