

CHECKING ACCOUNT CLOSURE NOTIFICATION

Name _____ SSN _____ Date _____

Previous Financial Institution _____

Previous Financial Institution Address _____

Previous Account # _____

New Financial Institution: Lakeshore Federal Credit Union Telephone 231-755-1202
2182 Lakeshore Drive Fax 231-755-0539
Muskegon, MI 49441
Attn: Member Services

New Account # _____

I hereby authorize the closure of my account effective (date) _____

Signature _____

Give to Your Previous Financial Institution



LAKESHORE FEDERAL
CREDIT UNION

DIRECT DEPOSIT CHANGE NOTIFICATION

Name _____ SSN _____ Date _____

Name of Employer _____

Employer's Address _____

Previous Financial Institution _____

Previous Financial Institution Address _____

Previous Account # _____

New Financial Institution: Lakeshore Federal Credit Union Telephone 231-755-1202
2182 Lakeshore Drive Fax 231-755-0539
Muskegon, MI 49441 Routing # 2724 8307 3

New Account # _____ Savings ___ Checking ___

I hereby authorize this change in direct deposit effective (date) _____

Signature _____

Give to Your Employer



LAKESHORE FEDERAL
CREDIT UNION

AUTOMATIC PAYMENT CHANGE NOTIFICATION

Name _____ SSN _____ Date _____

Company to Receive Payment _____

Company Address _____

Previous Financial Institution _____

Previous Financial Institution Address _____

Previous Account # _____ Amount of Payment \$ _____

New Financial Institution: Lakeshore Federal Credit Union Telephone 231-755-1202
2182 Lakeshore Drive Fax 231-755-0539
Muskegon, MI 49441 Routing # 2724 8307 3

New Account # _____ Savings ___ Checking ___

I hereby authorize this change in automatic payment effective (date) _____

Signature _____

Give to Company to Receive Payment



LAKESHORE FEDERAL
CREDIT UNION