

Direct Payment Change Notice

I'm switching to
NuUnion Credit Union

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security Number: _____

Daytime Phone Number: _____

E-Mail Address: _____

Please change my Direct Payment to come from NuUnion:

Company to Receive Payment: _____

Direct Payment Account Number: _____

NuUnion Credit Union
Attn: Member Services
501 S. Capitol Avenue
Lansing, MI 48933-2320

Routing Number for NuUnion: 272482265

NuUnion Checking Account Number: _____

Previous Financial Institution: _____

Previous Account Number: _____

Amount of Payment: _____

I authorize this change to my Direct Payment.

Effective Date: _____

Signature: _____

Joint Account Signature: _____

Today's Date: _____

**Please send this to the company that
receives your Direct Payment.**

(If you need additional copies, please let us know.)

NuUnion.org
517.267.7200 or 888.267.7200

Direct Deposit Change Notice

I'm switching to
NuUnion Credit Union

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security Number: _____

Daytime Phone Number: _____

E-Mail Address: _____

Please change the following to Direct Deposit to NuUnion:

Paycheck Pension Check

PLEASE NOTE: *If you have Direct Deposit from the Federal Civil Service, Railroad Retirement Board, Social Security, Supplemental Security Income, or Veterans Benefits, please ask a NuUnion representative for a Quick\$tart Enrollment Form.*

NuUnion Credit Union
Attn: Member Services
501 S. Capitol Avenue
Lansing, MI 48933-2320

Routing Number for NuUnion: 272482265

NuUnion Checking Account Number: _____

Previous Financial Institution: _____

Previous Account Number: _____

I authorize this change in my Direct Deposit.

Effective Date: _____

Signature: _____

Today's Date: _____

**Please send this to your
present employer.**

(Your employer may require you to complete additional forms.)

NuUnion.org
517.267.7200 or 888.267.7200

Checking Account Change Notice

I'm switching to
NuUnion Credit Union

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Social Security Number: _____

Daytime Phone Number: _____

E-Mail Address: _____

Please close my Checking Account at:

Financial Institution: _____

Checking Account Number: _____

Please select one:

- Mail the balance to my home address above.
 Send the balance of my Checking Account to be deposited at NuUnion (see address below).

NuUnion Checking Account Number: _____

NuUnion Credit Union
Attn: Member Services
501 S. Capitol Avenue
Lansing, MI 48933-2320

I authorize the closure of my Checking Account.

Effective Date: _____

Signature: _____

Joint Account Signature: _____

Today's Date: _____

**Please send this to the
financial institution that has your
current Checking Account.**

NuUnion.org
517.267.7200 or 888.267.7200