



ACCOUNT CLOSING REQUEST

Date: _____

To: _____
(Enter Name of Financial Institution)

From: _____
(Enter Primary Account Holder Name)

(Enter Secondary Account Holder Name)

Address: _____
(Street)

(City)

(State, Zip)

Please close the following account(s) with your institution:

| | | | | |
|-----------------|----------------|---------------|--------------------|-------------|
| Account # _____ | Checking _____ | Savings _____ | Money Market _____ | Other _____ |
| Account # _____ | Checking _____ | Savings _____ | Money Market _____ | Other _____ |
| Account # _____ | Checking _____ | Savings _____ | Money Market _____ | Other _____ |
| Account # _____ | Checking _____ | Savings _____ | Money Market _____ | Other _____ |

Please send any funds remaining in these accounts to:

the address shown above

the following address: _____
(Street)

(City)

(State, Zip)

Primary Account Holder Signature

Secondary Account Holder Signature



DIRECT DEPOSIT FORM

Date: _____

To: _____
(Enter Exact Name of Payer)

From: _____
(Enter Exact Name of Payee)

RE: Direct Deposit Of: _____
(Enter Purpose of Direct Deposit)

Bank: _____
(Enter Name of Present Depository)

Checking Account #: _____
(Enter Current Account Number)

Please change my direct deposit from my current account to my new checking account at American Federal Savings Bank, ABA #292070806, account number _____.

Enclosed is a copy of a voided check. The change is to become effective for my deposit on _____.

Signature

Signature



AUTOMATIC PAYMENT FORM

Date: _____

To: _____
(Enter Name of Vendor)

From: _____
(Enter Your Name as Shown on Your Statement)

RE: Automatic Payment Deduction

Account Number _____
(Enter Current Vendor Account Number)

Bank: _____
(Enter Current Bank Name)

Checking Account #: _____
(Enter Current Checking Account Number)

Please change my automatic payment from my current account to my new checking account at American Federal Savings Bank, ABA #292070806, account number _____.

Enclosed is a copy of a voided check. The change is to become effective for my payment on _____.

Select One: Specific Amount \$ _____
 Amount Due

Signature

Signature



PAYROLL DEDUCTION AUTHORIZATION FORM

Date: _____

To: _____
(Name of Employer)

Employer Address: _____
(Address of Employer)

(City/State/Zip)

(Employee ID Number)

I have opened a new account at American Federal Savings Bank. Please direct my

Existing Direct Deposit New Direct Deposit

to my new American Federal Savings Bank account:

American Federal Savings Bank Account Number

292070806

American Federal Savings Bank Routing Number

From: _____
(Name)

(Address)

(City/State/Zip)

(Social Security Number)

(Telephone Number)

(Signature)

If you are unable to accept this form, please mail your authorized form to me at the address above.