

YOU Belong at ASECU

Direct Deposit Request

Please accept this letter as notification that I have established a new account at ASECU. I would like my paycheck to be automatically deposited into my ASECU account according to the instructions below.

Date: _____

To: Payroll Department

Employer/Company Name: _____

Address: _____ City, State, Zip: _____

From: _____ SSN: _____

Address: _____ City, State, Zip: _____

Subject: Payroll Direct Deposit

- Establish Direct Deposit
- Change my existing Direct Deposit

Deposit Instructions:

- Deposit entire amount into checking account number: _____ OR
- Deposit \$ _____ to savings account number: _____ AND the remainder to checking account number: _____.

ASECU Routing Number: 241283181

I authorize:

- The listed Employer/Company to change deposit of my funds to my ASECU checking or savings account.
- ASECU to credit funds to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

I attest that this document has been presented to me by the document's custodian.

Notary: _____ Date: _____



ASECU
ASSOCIATED SCHOOL
EMPLOYEES CREDIT UNION

1690 S. Canfield Niles Road
Youngstown, OH 44515
(330) 792-4000 www.asecu.com

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Automatic Payment Request

Please accept this letter as notification that I have established a new account at ASECU. I would like the following payment to be automatically debited from the ASECU account listed below.

- Establish Automatic Payment
 Change my existing Automatic Payment

Automatic Payment Information:

Company Name: _____ Company Account Number: _____

Company Address: _____ City, State, Zip: _____

Payment Amount: \$ _____

- Monthly Bi-Weekly Weekly

Personal Information:

Name: _____

Mailing Address: _____ City, State, Zip: _____

Daytime Telephone Number: _____ E-mail Address: _____

Credit Union Account Information:

- Savings ASECU Account Number: _____
 Checking ASECU Account Number: _____

ASECU Routing Number: 241283181

I authorize:

- The company listed to initiate withdrawal of my funds from the above ASECU account.
- ASECU to debit funds from my account for each payment presented.
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

I attest that this document has been presented to me by the document's custodian.

Notary: _____ Date: _____



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Account Closing Notification

To: Financial Institution Name: _____

Address: _____ City, State, Zip: _____

From: Name(s) on Account: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ SSN: _____

Please accept this letter as authorization to close my account(s) with your institution.
Please close the account(s) listed below.

Account Number : _____ Savings Checking Other: _____

Account Number : _____ Savings Checking Other: _____

Certificate of Deposit Account #: _____ Close Immediately* Close at Maturity

**Note: Your previous financial institution may charge a fee for early closing of any Certificates of Deposit.*

Please transfer any remaining funds in the accounts to:

By mail: ASECU
1690 S. Canfield Niles Road
Youngstown, OH 44515

By Electronic Funds Transfer:

ASECU Routing Number: 241283181

Deposit entire amount into checking account number: _____ OR

Deposit \$ _____ to savings account number: _____

AND the remainder to checking account number: _____.

I authorize:

- The listed Employer/Company to change deposit of my funds to my ASECU checking or savings account.
- ASECU to credit funds to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____

I attest that this document has been presented to me by the document's custodian.

Notary: _____ Date: _____



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