CLOSE ACCOUNT



PRIMARY APPLICANT	JOINT APPLICANT	
Date	Date	
Bank's Name	Bank's Name	
Address	Address	
City, State, Zip	City, State, Zip	
To Whom It May Concern:	To Whom It May Concern:	
Please close my account	Please close my account	
and send a check for the remaining balance in my name to Spirit of	and send a check for the remaining balance in my name to Spirit of	
Alaska Federal Credit Union at the address listed below. If you have	Alaska Federal Credit Union at the address listed below. If you have	
any questions about this request, please contact me during the	any questions about this request, please contact me during the	
DAY/EVENING/CELL (circle one) at ()	DAY/EVENING/CELL (circle one) at ()	
Thank you.	Thank you.	
Sincerely,	Sincerely,	
Signature	Signature	
Spirit of Alaska Federal Credit Union 1417 Gillam Way Fairbanks, Alaska 99701	Spirit of Alaska Federal Credit Union 1417 Gillam Way Fairbanks, Alaska 99701	
Formerly Northern Schools Federal Credit Union.	loo	

CHANGE AUTOMATIC WITHDRAWAL



PRIMARY APPLICANT	JOINT APPLICANT		
Date	Date		
Name of Company That Makes Automatic Withdrawal	Name of Company That Makes Automatic Withdrawal		
Address	Address		
City, State, Zip	City, State, Zip		
To Whom It May Concern:	To Whom It May Concern:		
You are currently withdrawing \$ (amount) for	You are currently withdrawing \$ (amount) for		
my (what payment is for),	my (what payment is for),		
(account or other identifying number),	(account or other identifying number),		
(when) from the following account:	(when) from the following account:		
Old Bank:	Old Bank:		
Bank Routing Number:	Bank Routing Number:		
Account Number:	Account Number:		
Please stop making withdrawals from that account and instead make	Please stop making withdrawals from that account and instead make		
them from:	them from:		
Financial Institution Name: Spirit of Alaska Federal Credit Union Formerly Northern Schools Federal Credit Union.	Financial Institution Name: Spirit of Alaska Federal Credit Union Formerly Northern Schools Federal Credit Union.		
Formerly Northern Schools Federal Credit Union. Bank Routing Number: 325272212	Formerly Northern Schools Federal Credit Union. Bank Routing Number: 325272212		
Account Number:	Account Number:		
☐ Savings ☐ Checking If you have any questions about this request, please contact me during	□ Savings □ Checking If you have any questions about this request, please contact me during		
the DAY/EVENING (circle one) at ()	the DAY/EVENING (circle one) at ()		
(phone number).	(phone number).		
Thank you.	Thank you.		
Sincerely,	Sincerely,		
Signature	Signature		
Name (please print)	Name (please print)		
Address	Address		

CHANGE PAYROLL DIRECT DEPOSIT



PRIMARY APPLICANT	JOINT APPLICANT		
Date	Date		
Employer/Depositor's Name	Employer/Depositor's Name		
Address	Address		
City, State, Zip	City, State, Zip		
To Whom It May Concern:	To Whom It May Concern:		
You are currently depositing NET PAY/PAYROLL DEDUCTION (circle one)	You are currently depositing NET PAY/PAYROLL DEDUCTION (circle one)		
to the following account:	to the following account:		
Old Bank:	Old Bank:		
Bank Routing Number:	Bank Routing Number:		
Account Number:	Account Number:		
Please stop making deposits to that account and instead make	Please stop making deposits to that account and instead make		
them to:	them to:		
Financial Institution Name: _Spirit of Alaska Federal Credit Union	Financial Institution Name: Spirit of Alaska Federal Credit Union Formerly Northern Schools Federal Credit Union.		
Formerly Northern Schools Federal Credit Union. Bank Routing Number: <u>325272212</u>	Formerly Northern Schools Federal Credit Union. Bank Routing Number: 325272212		
Account Number:	Account Number:		
Savings Checking	🗅 Savings 🗅 Checking		
If you have any questions about this request, please contact me during	If you have any questions about this request, please contact me during		
the DAY/EVENING (circle one) at ()	the DAY/EVENING (circle one) at ()		
(phone number).	(phone number).		
Thank you.	Thank you.		
Sincerely,	Sincerely,		
Signature	Signature		
Name (please print)	Name (please print)		
Address	Address		
City, State, Zip	City, State, Zip		

NEW ACCOUNT INFORMATION



Individual

□ Joint Account with Survivorship

Joint Account without Survivorship

PRIMARY APPLICANT		JOINT APPLICANT		
Member Name		Member Name	Member Name	
Home Address		Home Address		
🗆 Rent 🔲 Ov	vn	🗅 Rent 🗖 Ov	vn	
City	State Zip	City	State Zip	
Home Phone Number	🗆 Listed 🗅 Unlisted	Home Phone Number	🗆 Listed 🗅 Unlisted	
Work Phone Number	Ext	Work Phone Number	Ext	
E-mail		E-mail		
SSN ACCOUNT TYPE	Date of Birth	SSN ACCOUNT TYPE	Date of Birth	
Share Savings		Share Savings		
Share Draft		Share Draft		
Share Certificate		Share Certificate		
Money Market		Money Market		
ACCOUNT SERVICES	ATT Line (24-hour telephone teller)	ACCOUNT SERVICES	ATT Line (24-hour telephone teller)	
Direct Deposit	E-Teller (24-hour Internet account access)	Direct Deposit	E-Teller (24-hour Internet account access)	
Overdraft Protection	Other	Overdraft Protection	🗅 Other	
□ ATM card	Debit card	ATM card	Debit card	
Employer Name		Employer Name		
Membership Eligibility		Membership Eligibility		
□ FNSB □ Education		🗆 FNSB 🗅 Education		
□ Family Referral □ Other _		🛛 Family Referral 🗳 Other _		
		de la		
Driver's License Number	State	Driver's License Number	State	
Account activation requires a copy of g deposit of \$5 or more, and a signed ac	your valid government issued identification, a minimum count card.	Account activation requires a copy of your valid government issued identification, a minimum deposit of \$5 or more, and a signed account card.		