

CLOSE ACCOUNT



PRIMARY APPLICANT

Date _____

Bank's Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

Please close my account _____
(account number)

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 any questions about this request, please contact me during the

DAY/EVENING/CELL (circle one) at (_____) _____
(phone number)

Thank you.

Sincerely,

Signature

Spirit of Alaska Federal Credit Union
1417 Gillam Way
Fairbanks, Alaska 99701

Formerly Northern Schools Federal Credit Union.

JOINT APPLICANT

Date _____

Bank's Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

Please close my account _____
(account number)

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 any questions about this request, please contact me during the

DAY/EVENING/CELL (circle one) at (_____) _____
(phone number)

Thank you.

Sincerely,

Signature

Spirit of Alaska Federal Credit Union
1417 Gillam Way
Fairbanks, Alaska 99701



CHANGE AUTOMATIC WITHDRAWAL



PRIMARY APPLICANT

Date _____

Name of Company That Makes Automatic Withdrawal _____

Address _____

City, State, Zip _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for
my _____ (what payment is for),
_____ (account or other identifying number),
_____ (when) from the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make
them from:

Financial Institution Name: Spirit of Alaska Federal Credit Union
Formerly Northern Schools Federal Credit Union.

Bank Routing Number: 325272212

Account Number: _____

Savings Checking

If you have any questions about this request, please contact me during
the DAY/EVENING (circle one) at (_____) _____.

(phone number).

Thank you.

Sincerely,

Signature _____

Name (please print) _____

Address _____

City, State, Zip _____

JOINT APPLICANT

Date _____

Name of Company That Makes Automatic Withdrawal _____

Address _____

City, State, Zip _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for
my _____ (what payment is for),
_____ (account or other identifying number),
_____ (when) from the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make
them from:

Financial Institution Name: Spirit of Alaska Federal Credit Union
Formerly Northern Schools Federal Credit Union.

Bank Routing Number: 325272212

Account Number: _____

Savings Checking

If you have any questions about this request, please contact me during
the DAY/EVENING (circle one) at (_____) _____.

(phone number).

Thank you.

Sincerely,

Signature _____

Name (please print) _____

Address _____

City, State, Zip _____



CHANGE PAYROLL DIRECT DEPOSIT



PRIMARY APPLICANT

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing NET PAY/PAYROLL DEDUCTION (circle one) to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Financial Institution Name: Spirit of Alaska Federal Credit Union
Formerly Northern Schools Federal Credit Union.

Bank Routing Number: 325272212

Account Number: _____

Savings Checking

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at (_____) _____.

(phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

JOINT APPLICANT

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing NET PAY/PAYROLL DEDUCTION (circle one) to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them to:

Financial Institution Name: Spirit of Alaska Federal Credit Union
Formerly Northern Schools Federal Credit Union.

Bank Routing Number: 325272212

Account Number: _____

Savings Checking

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at (_____) _____.

(phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip



NEW ACCOUNT INFORMATION



- Individual Joint Account with Survivorship Joint Account without Survivorship

PRIMARY APPLICANT

Member Name _____

Home Address _____

- Rent Own

City _____ State _____ Zip _____

- Listed Unlisted

Home Phone Number _____

Work Phone Number _____ Ext _____

E-mail _____

SSN _____ Date of Birth _____

ACCOUNT TYPE

- Share Savings _____
 Share Draft _____
 Share Certificate _____
 Money Market _____

ACCOUNT SERVICES

- Direct Deposit ATT Line (24-hour telephone teller)
 Overdraft Protection E-Teller (24-hour Internet account access)
 ATM card Other
 Debit card

Employer Name _____

Membership Eligibility _____

- FNSB Education
 Family Referral Other _____

Driver's License Number _____ State _____

Account activation requires a copy of your valid government issued identification, a minimum deposit of \$5 or more, and a signed account card.

JOINT APPLICANT

Member Name _____

Home Address _____

- Rent Own

City _____ State _____ Zip _____

- Listed Unlisted

Home Phone Number _____

Work Phone Number _____ Ext _____

E-mail _____

SSN _____ Date of Birth _____

ACCOUNT TYPE

- Share Savings _____
 Share Draft _____
 Share Certificate _____
 Money Market _____

ACCOUNT SERVICES

- Direct Deposit ATT Line (24-hour telephone teller)
 Overdraft Protection E-Teller (24-hour Internet account access)
 ATM card Other
 Debit card

Employer Name _____

Membership Eligibility _____

- FNSB Education
 Family Referral Other _____

Driver's License Number _____ State _____

Account activation requires a copy of your valid government issued identification, a minimum deposit of \$5 or more, and a signed account card.

