



A U T H O R I Z A T I O N T O P A Y O U T S T A N D I N G I T E M S

MEMBER INFORMATION			
Member Name		Phone Number	
Current Member Number	Date Checking Account Closed	Old Check ID	New Check ID
Reason for Checking Account Number Change			

I hereby authorize San Francisco Fire Credit Union to honor/pay the following checks/drafts/transactions expected to clear on the above-referenced closed checking account number through the new checking account number:

LIST OF CHECKS TO BE PAID	
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$

LIST OF ACH TRANSACTIONS TO BE PAID	
ACH COMPANY NAME	AMOUNT \$
ACH COMPANY NAME	AMOUNT \$
ACH COMPANY NAME	AMOUNT \$
ACH COMPANY NAME	AMOUNT \$
DIRECT DEPOSIT COMPANY NAME	AMOUNT \$

I am aware that any outstanding checks/drafts/transactions not listed on this form may be returned 'Account Closed', and may be subject to third party fees. In addition, I will notify the ACH companies debiting my account of my new checking account number.

Signature

Date

Please return to:
 San Francisco Fire Credit Union
 3201 California Street
 San Francisco, CA 94118
 Fax: (415) 674-4691
 Email: operations@sffirecu.org

For Credit Union Use Only

Received Date	Teller ID	Completed Date	Manager Approval
---------------	-----------	----------------	------------------