



SF Fire Credit Union

AUTHORIZATION TO PAY OUTSTANDING ITEMS

MEMBER INFORMATION		
Member Name		Phone Number
Current Account Number	Date Account Closed	New Account Number
Reason for 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 account number through the new account number:

LIST OF CHECKS	
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$
CHECK #	AMOUNT \$

LIST OF ACH TRANSACTIONS	
ACH COMPANY NAME	AMOUNT \$
ACH COMPANY NAME	AMOUNT \$
ACH COMPANY NAME	AMOUNT \$
ACH COMPANY NAME	AMOUNT \$
ACH 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 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
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