



A FULL SERVICE FINANCIAL INSTITUTION  
Real People you can TRUST

Authorization to Transfer Funds

Account Information

Primary Owner: \_\_\_\_\_  
Please Print

Joint Owner: \_\_\_\_\_  
Please Print

**Transfer Account Funds From:**

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Instructions to Transferring Institution:**

- Transfer the entire amount and close my account    **OR**     Transfer exactly \$ \_\_\_\_\_
- Transfer the funds immediately    **OR**     Transfer funds on the following date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other: \_\_\_\_\_

Please accept this letter as my authorization to transfer funds from the above named account to:  
**U.P. Connection Federal Credit Union, 6707 Grover St, Omaha, NE 68106**

U.P. Connection Federal Credit Union Routing #: **304083299**

Please make the check payable to U.P. Connection FCU and note on the check that it is for deposit  
to my **U.P. Connection account #:** \_\_\_\_\_

Primary Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Main**  
6707 Grover Street  
Omaha, NE 68106  
Phone: 402-391-5838  
Fax: 402-391-4310

**Council Bluffs**  
204 S 35<sup>th</sup> Street  
Council Bluffs, IA 51501  
Phone: 712-242-1055  
Fax: 712-242-1058



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**Direct Deposit Authorization**

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

New Financial Institution: **U. P. Connection Federal Credit Union, 6707 Grover St, Omaha, NE 68106**

New Financial Routing Number: **304083299**

New Financial Account Number: \_\_\_\_\_

Payroll Number: \_\_\_\_\_ Effective Start Date: \_\_\_\_\_

Payroll Type:     Direct Deposit         Payroll Deduction \$ \_\_\_\_\_

Account Type:     Checking         Savings

I herby authorize and request the employer (named above) to deposit the amounts indicated and deposit these funds to U.P. Connection Federal Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

\*\*\*Your employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited into.

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### Electronic Payment Change Request

Name of Payee/Merchant: \_\_\_\_\_

Payer/Merchant Address: \_\_\_\_\_

Merchant Account #: \_\_\_\_\_ Amount of Payment: \$ \_\_\_\_\_

I hereby authorize and request that my electronic payment from:

Account # \_\_\_\_\_ at \_\_\_\_\_

(Financial Institution)

be changed to: **U.P. Connection Federal Credit Union, (ABA Routing #: 304083299)**

**CHECKING**

**SAVINGS**

U.P. Connection Federal Credit Union Account Number: \_\_\_\_\_

I authorized this change in electronic payment effective: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Check with your service provider. Some companies may require you to complete their own form for regular electronic payments.

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