



# Switch Kit Checklist



*We have provided a checklist to help organize and make switching over to Access of Louisiana FCU easy!*

## **Transfer of Direct Deposit**

Use this form if you would like to change an existing direct deposit from your old bank or credit union to your new Access of Louisiana FCU account.

Examples of direct deposit might be: employer, government deposits, pension, transfers from other banks or credit unions, investments dividends, child support or court issued deposits, etc.

## **Setup New Direct Deposit**

Use this form to set up direct deposit with any new companies.

Access of Louisiana FCU Routing # **265274736**

To change Social Security deposits, visit [www.ssa.gov/deposit/howtosign.htm](http://www.ssa.gov/deposit/howtosign.htm) or call the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778)

## **Cancellation of Automatic Payments**

Use this form to send written notice to companies who automatically take payments from your checking/savings account to notify them that you are closing the account.

Examples of payments might be: utilities, mortgage, insurance, brokerage, credit cards, internet service providers, transfers to other banks or credit unions, child support, or court issued payments, etc.

## **Transfer of Automatic Payments**

Use this form to notify companies that you want them to transfer existing automatic payments from your previous bank or credit union to Access of Louisiana FCU.

## **Setup New Automatic Payments**

Use this form to notify companies that you want to setup a new automatic payment from your Access of Louisiana FCU checking/savings account.

## **Switch Charges Setup on Your Debit Card**

Contact the companies that you have authorized to receive payments through your previous debit card and tell them to debit your new Access of Louisiana FCU debit card. They will need your new card number and expiration date.

Examples of payments might be: credit cards, Paypal, iTunes, utilities, etc.

## **Verify that your direct deposits and automatic payments have Begun posting to your new Access of Louisiana FCU account.**

## **Account Closing Request**

Use this form to send written notice to your previous bank or credit union to inform them

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Transaction Checklist



## Automatic Withdrawal / Direct Deposit Checklist

Company \_\_\_\_\_ Deposit/Withdrawal Date \_\_\_\_\_

Contacted On \_\_\_\_\_ Notes: \_\_\_\_\_

Company \_\_\_\_\_ Deposit/Withdrawal Date \_\_\_\_\_

Contacted On \_\_\_\_\_ Notes: \_\_\_\_\_

Company \_\_\_\_\_ Deposit/Withdrawal Date \_\_\_\_\_

Contacted On \_\_\_\_\_ Notes: \_\_\_\_\_

Company \_\_\_\_\_ Deposit/Withdrawal Date \_\_\_\_\_

Contacted On \_\_\_\_\_ Notes: \_\_\_\_\_

Company \_\_\_\_\_ Deposit/Withdrawal Date \_\_\_\_\_

Contacted On \_\_\_\_\_ Notes: \_\_\_\_\_

Company \_\_\_\_\_ Deposit/Withdrawal Date \_\_\_\_\_

## Outstanding Transactions Checklist

Description \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Cleared

Description \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Cleared

Description \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Cleared

Description \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Cleared

Description \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Cleared

Description \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Cleared

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Transfer of Direct Deposit



*Please check with Company/Organization to see if they prefer for you to use their form over ours!*

If it is ok to use our form, please mail, fax, or hand deliver this form (*please do not email, as email is not a secure method of sending confidential information*) to notify the company/ organization that you would like to switch your direct deposit to your new

**Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Please discontinue sending my direct deposit to:**

**Bank/Credit Union:** \_\_\_\_\_

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

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

If a portion of your direct deposit is also sent to another account number, put that account number here

**Please begin sending deposits to:**

**Access of Louisiana FCU**

**Routing # 265274736**

**Deposit Instructions:**

Deposit entire amount to: \_\_\_\_\_  Checking  Savings

Access of Louisiana FCU account number

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my Access of Louisiana FCU account
- Access of Louisiana FCU to credit entries to my account
- This authorization to remain in effect until I send written notice of change or cancellation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Setup New Direct Deposit



*Please check with Company/Organization to see if they prefer for you to use their form over ours!*

If it is ok to use our form, please mail, fax, or hand deliver this form (*please do not email, as email is not a secure method of sending confidential information*) to notify the company/ organization that you would like to setup your direct deposit to your new Access of Louisiana FCU account.

**Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Please begin sending deposits to:**

**Access of Louisiana FCU**

**Routing # 265274736**

**Deposit Instructions:**

Deposit entire amount to: \_\_\_\_\_  Checking  Savings

Access of Louisiana FCU account number

**I hereby authorize:**

- Above listed entity to initiate deposit of my funds to my Access of Louisiana FCU account
- Access of Louisiana FCU to credit entries to my account
- This authorization to remain in effect until I send written notice of change or cancellation

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Transfer of Automatic Payment



*Please check with Company/Organization to see if they prefer for you to use their form over ours!*

If it is ok to use our form, please mail, fax, or hand deliver this form (*please do not email, as email is not a secure method of sending confidential information*) to notify the company/organization that you would like to switch your automatic payment to your

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

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

Phone #: \_\_\_\_\_

## Company Receiving Payment

Company Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company Account #: \_\_\_\_\_

### Please begin withdrawing my payments from:

Access of Louisiana FCU

Routing # 265274736

### Withdrawal Instructions:

Withdraw \$ \_\_\_\_\_ from: \_\_\_\_\_  Checking  Savings

Access of Louisiana FCU account number

### Please discontinue withdrawing my payments from:

Bank/Credit Union: \_\_\_\_\_

Account #: \_\_\_\_\_  Checking  Savings

### I hereby authorize:

- Above listed entity to withdraw payments from my Access of Louisiana FCU account
- Above listed entity to discontinue payments from my previous Bank/Credit Union
- This authorization to remain in effect until I send written notice of change or cancellation

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

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Cancellation of Automatic Payment



*Please check with Company/Organization to see if they prefer for you to use their form over ours!*  
If it is ok to use our form, please mail, fax, or hand deliver this form (*please do not email, as email is not a secure method of sending confidential information*) to notify the company/ organization that you would like to cancel your automatic payment.

**Company Name:** \_\_\_\_\_

**Company Account #** \_\_\_\_\_

**Payment Amount:** \_\_\_\_\_

I currently have my \_\_\_\_\_ payment automatically  
Name of Company  
withdrawn form my checking/savings account # \_\_\_\_\_ at  
\_\_\_\_\_ on the \_\_\_\_\_ day of the month.  
Bank or Credit Union Name

I would like to cancel these monthly transactions and I submit this letter as written notification of that intention. I understand I need to give you at least 2 weeks notice prior to the next scheduled transaction. Therefore I expect my last transaction to be dated: \_\_\_\_\_  
Date

Thank you for your prompt attention to this request:

**Name:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Primary Account Holder

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Joint Account Holder

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Setup New Automatic Payment



*Please check with Company/Organization to see if they prefer for you to use their form over ours!*

If it is ok to use our form, please mail, fax, or hand deliver this form (*please do not email, as email is not a secure method of sending confidential information*) to notify the company/organization that you would like to setup your automatic payment to your

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

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

Phone #: \_\_\_\_\_

**Please begin withdrawing my payments from:**

**Access of Louisiana FCU**

**Routing # 265274736**

**Automatic Payment Authorization Instructions:**

Access of Louisiana FCU Account # \_\_\_\_\_  Checking  Savings

Company Name: \_\_\_\_\_

Company Account # \_\_\_\_\_

I (we) authorize \_\_\_\_\_ to initiate variable entries to my  
Company Name  
checking/savings account. This authorization will remain in effect until I notify

\_\_\_\_\_ in writing to cancel it in such time as to  
Company Name

afford \_\_\_\_\_ reasonable opportunity to act.  
Company Name

I also agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that

\_\_\_\_\_ retains its normal collection rights.  
Company Name

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Primary Account Holder

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Joint Account Holder

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*



# Account Closing Request



*Please check with Company/Organization to see if they prefer for you to use their form over ours!*

If it is ok to use our form, please mail, fax, or hand deliver this form (*please do not email, as email is not a secure method of sending confidential information*) to notify the company/ organization that you would like to close your account.

**Bank/Credit Union:** \_\_\_\_\_

**Primary Account Holder:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Joint Account Holder:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

**Please close the following accounts with your institution:**

Account # \_\_\_\_\_  Checking  Savings  Other \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Other \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Other \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Other \_\_\_\_\_

**Please send any funds remaining in these accounts to:**

The address shown above

The following address: \_\_\_\_\_

To my account \_\_\_\_\_  Checking  Savings

Access of Louisiana FCU account number

Address: Access of Louisiana FCU P.O. Box 2657 Sulphur, LA 70664

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

Primary Account Holder

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

Joint Account Holder

*Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.*