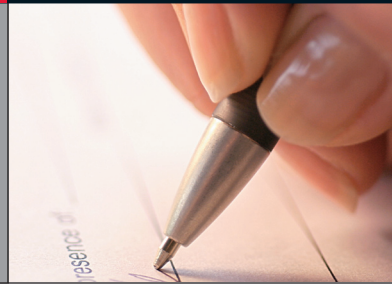


# Helpful Hints for Switching your Account



## Switching your account can be **Quick & Easy**

Our goal is to make switching your accounts as quick and easy as possible. These instructions provide useful information to help you make the transition. If you have any questions, please don't hesitate to visit your local branch or call us for assistance.

### **Step 1** *Gather* **Information**

Review your account statements to identify all forms of automatic payments to and withdrawals from your former account. You may want to review several past statements as some companies may withdrawal funds quarterly.

Have your account information on hand:

New Financial Institution Name: Aurora Federal Credit Union  
New Routing Number: 307074454  
New Account Number: \_\_\_\_\_

Old Financial Institution Name: \_\_\_\_\_  
Old Routing Number: \_\_\_\_\_  
Old Account Number: \_\_\_\_\_

(The financial institution's routing number is the first 9 numbers printed on the bottom of your checks. If you don't have checks, contact your financial institution.)

### **Step 2** *Transfer* **Direct Deposits**

Direct Deposit makes it possible for your paycheck, Social Security payments and other checks to be deposited directly into your account(s). Direct deposit ensures your funds are available without making an extra trip to the branch to deposit your checks and typically your money is available faster.

Direct Deposit(s)

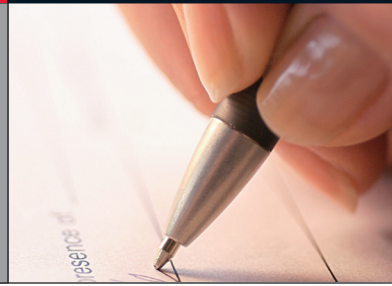
- |   |  |
|---|--|
| <input type="checkbox"/> Employer Deposit / Paycheck    | <input type="checkbox"/> Social Security Benefits                |
| <input type="checkbox"/> Government Checks / Tax Refund | <input type="checkbox"/> Child Support or Court Ordered Deposits |
| <input type="checkbox"/> Pension Benefits               | <input type="checkbox"/> Other: _____                            |

Complete and mail the **Direct Deposit Authorization Form** to each company or organization that deposits money into your account and notify them of your new account number(s).

For direct deposit of Social Security benefits, call the Social Security Administration at 1-800-772-1213. You will need to provide them with the routing and account numbers associated with your new account.

Please note that many companies that make direct deposits to your account may require a voided check. To void a check, simply write VOID in large letters across the entire face of a blank check.

# Helpful Hints for Switching your Account



## Step 3 *Change* Automatic Withdrawals

Review past account statement and make a list of all the companies or organizations that are automatically deducting payments from your account. Contact the companies or organizations and notify them of your new account.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Insurance            | <input type="checkbox"/> Investments        | <input type="checkbox"/> Internet Services |
| <input type="checkbox"/> Mortgage/Rent        | <input type="checkbox"/> Auto Loans         | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Telephone/Cell Phone | <input type="checkbox"/> Cable/Satellite    | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Electricity          | <input type="checkbox"/> Credit Cards       | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Gas                  | <input type="checkbox"/> Clubs/Associations |  |
| <input type="checkbox"/> Water                | <input type="checkbox"/> Charitable Causes  |  |

In many cases you can change your billing information online or by phone. To change automatic payments by mail, use the *Authorization to Change Automatic Payment Form*.

## Step 4 *Close* Your Old Account

Once your last check, automatic withdrawal, and/or automatic payment has cleared, you are ready to close your old account and destroy all remaining checks, ATM/debit cards and deposit slips.

Outstanding check payable to	Outstanding check number	Outstanding amount	Date cleared

Close all your accounts:  
Financial Institution

Savings Account

Checking Account

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

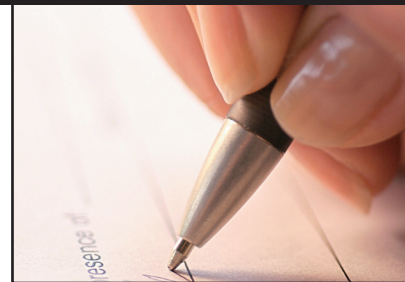
\_\_\_\_\_

Complete an *Authorization to Close Account Form* to close your old account and have the remaining balance transferred to your new account. Please let us know if you would like us to assist you with closing your old account by notarizing and mailing the form for you.

# DIRECT DEPOSIT AUTHORIZATION

Account Holder Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Employer or Addressee Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

To Whom It May Concern:

You are currently depositing

My Entire Paycheck       Part of My Paycheck \$ \_\_\_\_\_ (amount)

To the following account:

Financial Institution Name: Aurora Federal Credit Union

Routing Number: 307074454

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

Effective \_\_\_\_\_ (date or "immediately"), please stop making deposits to the above account and instead send them to:

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

Routing Number: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Checking Account: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Savings Account: \_\_\_\_\_ Amount \$ \_\_\_\_\_

I hereby authorize my employer or the addressee to initiate entries to my account as indicated above. If funds that I am not entitled to are deposited into my account, I authorize the addressee to direct my financial institution to return said funds. This authorization is to remain in effect until the company has received timely written notice from me of termination or until the company has sent me ten days written notice of termination of this agreement. I understand I am responsible for the validity of the information on this form.

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

Please Print

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

I have included the following information you may need to process this request:

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

Voided Check

# AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Account Holder Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Employer or Addressee Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date \_\_\_\_\_

To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ (enter amount or "balance due") to pay for account number \_\_\_\_\_ (company account) on \_\_\_\_\_ (date or frequency) from the following account:

Financial Institution Name: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

## Please stop making withdrawals from the above account.

- Effective \_\_\_\_\_ (date or "immediately"), please start making automatic withdrawals from my new account:

Financial Institution Name: Aurora Federal Credit Union  
Routing Number: 307074454  
Account Number: \_\_\_\_\_

- Effective \_\_\_\_\_ (date or "immediately"), please cancel all automatic withdrawals. I will use bill pay or send you a check to make future payments.

If you have questions about this request, please contact me.

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

Please Print

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

I have included the following information you may need to process this request:

- Social Security Number: \_\_\_\_\_  
 Voided Check

# AUTHORIZATION TO CLOSE ACCOUNT

Account Holder Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Employer or Addressee Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

Effective \_\_\_\_\_ (date or "immediately")

**Please close my account:**

Account Number(s) \_\_\_\_\_

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

Joint Account Name: \_\_\_\_\_

**Please send remaining balance:**

To my new financial institution:

Financial Institution Name: Aurora Federal Credit Union

Address: 6 Abilene St.

City Aurora State CO Zip 80011

Routing Number: 307074454

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

Directly to me/us at the following address:

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have questions about this request, please contact me at:

Daytime Phone Number(s): \_\_\_\_\_

Primary Accountholder:

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

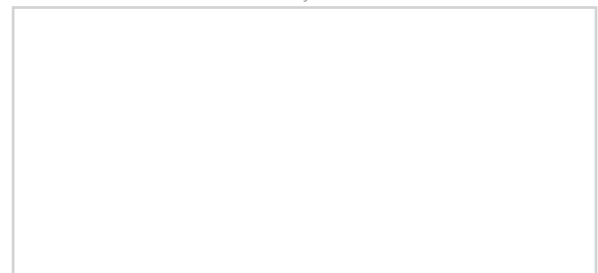
Joint Accountholder:

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

Notary Seal



Signed before me, a Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date