

Authorization to Move Direct Deposit

<p>Moving Your Direct Deposit The key to moving your direct deposit is clear instructions to your employer. To help communicate your wishes to your employer, Arkansas Federal has a form to help you with the process.</p> <ol style="list-style-type: none"> 1. Enter the information of the financial institution where you are closing your checking account, the effective date you want your new direct deposit to take effect, account number, name, and social security number. 2. Enter your member number, sign the form, enter your daytime phone number and date. 3. Make copies of this form for each depositor (employer, Social Security, etc.) with whom you have arranged for Direct Deposit. 4. Please return a copy to the credit union, send a copy to your employer, and keep a copy for your records. 	I have closed my Checking Account at:
	Name of Financial Institution _____ As of (date) _____
	Account Number _____
	Name on Account _____
	Social Security Number or Employee Number _____
	Please establish Direct Deposit into my new Account at: Arkansas Federal Credit Union P. O. Box 9 Jacksonville, AR 72078-0009 Routing Number: 282075028
	Name of Employer _____
	Employee Name _____
	Day-Time Phone Number _____ Member Number _____
	Signature _____ Date _____

Authorization to Move Automatic Payment

<p>Moving Your Preauthorized Payments Moving your preauthorized payments such as your mortgage payment, insurance premiums, and other recurring payments to your new Checking Account is an easy process.</p> <ol style="list-style-type: none"> 1. Use this form to inform your mortgage company, insurance company, utility company, etc... of your new Checking Account and your request to change your preauthorized payment to your new Checking Account. 2. Enter the name of your former financial institution, enter the date you closed your old checking account, enter your old account number, and enter your social security number. 3. Enter the date the automatic payment will commence from your credit union checking account, enter the payment amount, enter your credit union member number, sign the form, and enter a daytime phone number and the date. 4. Make copies of this form for each company (mortgage company, insurance company, utility company, etc.) with whom you have arranged for Automatic Payment. 5. Monitor your Checking Account using Touch Tone Teller or Internet Account Access to confirm that preauthorized payments are being made on time and from your credit union checking account. 	I have closed my Checking Account at:
	Name of Financial Institution As of (date)
	Old Account Number
	Name on Account
	Social Security Number
	I hereby authorize Automatic Payment from my new Checking Account at Arkansas Federal Credit Union P. O. Box 9 Jacksonville, AR 72078-0009 Routing Number: 282075028
	Name of Company Account Number
	Payment Amount \$
	New AFCU Account Number
	Beginning on this date
	Day-Time Phone Number
	Signature Date

Authorization to Move Checking Account

<p>A Tip for Closing Your Old Checking Account If you have recently written checks on your old account, leave a sufficient balance in that account to cover any outstanding checks. A good rule of thumb: don't close the old checking account until all of your outstanding checks have cleared and there has been no activity on the account for 30 consecutive days.</p> <ol style="list-style-type: none"> 1. Enter the name of your financial institution, the date you want the account closed, the account number, the name on the account, the Social Security number on the account, and any other names that appear on the account. 2. Check the box indicating what your former financial institution should do with your remaining funds. 3. Enter your address, sign the form, have any other individuals on the account sign if necessary, and enter the date. 4. Make copies of this form for each financial institution where you have a checking account. 	Please close my checking account at:
	Name of Financial Institution, please print As of (date)
	Account Number
	Name on Account
	Social Security Number on Account
	Secondary Name on Account (if applicable)
	I (we) have opened a checking account at Arkansas Federal Credit Union P. O. Box 9 Jacksonville, AR 72078-0009 Routing Number: 282075028
	Please send remaining funds to: <input type="checkbox"/> Arkansas Federal Credit Union at the address above <input type="checkbox"/> Directly to me at address below
	Your Address
	Signature(s) Signature(s)
Date	