## Thinking about switching Checking Accounts?

Check Out ALL You Need to Know with our Switch Kit!

## **Existing Direct Deposit Change Request** Use this form if you would like to change an existing direct deposit from your old financial institution to your Section 705 FCU account. Examples of direct deposit might be: employer, government deposits, transfers from other financial institutions, investment dividends, child support or court-issued deposits, etc. **Setup New Direct Deposit** Send written notices to setup direct deposit with any new companies or individuals. Section 705 FCU's Routing Number: 265 274 503 To Change Social Security Deposits: To change Social Security deposits, visit <a href="www.ssa.gov/deposit/howtosign.htm">www.ssa.gov/deposit/howtosign.htm</a>. OR call the Social Security Administration at: I-800-772-1213 (TTY I-800-325-0778) Automatic Payments Cancellation Send written notices to companies who automatically take payments from your checking account (utilities, mortgage, insurance, brokerage, credit cards, internet service providers, transfers to other banks, child support/ court payments, etc.) notifying them that you are closing the account. **Automatic Payments Transfer Authorization** Send this form to companies notifying them that you want to transfer existing automatic payments from your previous financial institution to Section 705 Federal Credit Union. **Setup New Automatic Payments** Send a notification to companies in order to setup new automatic payments. Verify that your direct deposits and automatic payments have been posting to your new Section 705 account.

□ Account Closing Request

Send written notice to your old financial institution informing them you are closing your account.



Have a question? Contact us and we will walk you through the process.

Fax: 337-232-2786



## Section 755 Checking Account Switch Kit:

## **Automatic Payment Cancellation**

Use this form to notify companies/ organizations that you are closing the account and would like to stop automatic payments. Typically, you will need to give the merchant two weeks of notice. Please, mail, fax, or hand deliver this form. (Refrain from emailing this form. Email is not a secure method of sending confidential information.)

The following are common companies you might have setup automatic payments with: utilities, mortgage, insurance, brokerage, credit cards, internet service providers, child support or court issues payments, etc.)

To:				
	Compan	y You Would like to Cand	cel Automatic Payments	
Account Number: _				
		Account Number with the Above Company		
I currently have my		payment automatically withdrawn from my Checking/Savings		
	Name of Vender			
Account Number:				
_	Account Number		Bank or Credit Union	
on the(lst,	LEth	_ of the month.		
(13,	15°', etc.)			
I would like to cancel these	e monthly transaction	ns and I submit this le	tter as written notification of that intention.	
I understand I need to gi	ve you at least two	weeks notice prior	to the next scheduled transaction.	
Therefore, Lexpect my la	est transaction to b	e dated:		
Therefore, respect my to	ise chansaction to b		Date of Last Transaction	
Today's date:		_		
Thank you for your pron	npt attention to thi	is request:		
Your Name:				
City, State, Zip:				
Phone Number (Dayt	ime):			
Signatur	re			
Secondary Signatu	ure (If Joint)			

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