



Checking Account Switch Kit

Take the hassle out of switching your checking account with our complete and easy to understand switch kit

Page 1 – Direct Deposit Transfer Request Form

Complete this form and take it to your Human Resources/Payroll office (or any depositor) to initiate/change your Direct Deposit.

Page 2 – Automatic Payment Change Form

This form should be filled out and sent to the payee or merchant, with whom you currently have automatic payments set up. Don't forget to include:

- Mortgage payment
- Insurance premium payments
- Gas Company
- Water Company
- Telephone Company
- Cable Company
- Internet Services
- Credit Cards/Debit card withdrawals

Page 3 – Account Closure Form

Please use this form to close your old checking account. Do not send this to your previous financial institution until you are sure that the following has occurred:

- All outstanding items have posted to your old checking account
- Direct Deposits and Automated Payments are now established with your new ACU account
- BillPay Payments set up on your old checking account have been canceled and reestablished with your new Access Credit Union account via ACH.

Automatic Payment Change Form

An Automatic Payment is when you authorize a Payee/Merchant to electronically withdraw funds from your checking account to pay a recurring bill (power, phone, cable, etc). These authorizations can be changed by preparing this form and sending it to the Payee/Merchant or by visiting their website and making the changes online with your new account information with Access Credit Union.

Payee/Merchant Information

Name of Payee/Merchant _____

Account Number with Payee/Merchant _____

Address _____

City _____ State _____ Zip _____

Existing Account Information

Name of Financial Institution _____

Routing Number _____

Account Number _____

New Account Information

Name of Financial Institution Access Credit Union _____

Routing Number 271081939 _____

Account Number _____

AA
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Authorization

Effective _____ (date), please stop debiting my existing account for this payment and begin debiting my new account. Please provide written confirmation when this change has been completed.

Signature _____

Print Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Account Closure Form

Please use this form to close your old checking account. Do not send this to your previous financial institution until you are sure that the following has occurred:

- All outstanding items have posted to your old checking account
- Direct Deposits and Automated Payments are now established with your new 5 WYgg' CfYX]hUb]cb account
- BillPay Payments set up on your old checking account have been canceled and reestablished with your new 5 WYgg'7 fYX]hil b]cb'account'j]U57 <

Previous Financial Institution Information

Name _____

Address _____

City _____ State _____ Zip _____

Request to Close Account(s)

This letter is to inform you that I/we have decided to close the account(s) listed below effective immediately. I/we have verified that all outstanding items have cleared.

Account Number _____

Account Number _____

Account Number _____

- Please close the account(s) requested above and mail the balance, made payable to the Account Owner(s), with any interest to my address.
- Please close the account(s) requested above and mail the balance, made payable to the Account Owner(s), with any interest to:

Access Credit Union
1807 W Cermak Rd.
Broadview, IL 60155

Authorization to Close Account(s)

Account Owner Signature _____

Account Co-Owner Signature _____

Print Name(s) _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____