



At ACFCU, we've made it easy and convenient to switch your accounts to Amarillo Community FCU. With the ACFCU Switch Kit, you will have everything you need to switch from your current financial institution to Amarillo Community FCU. Included in the kit:

- Switch Kit Checklist
- Prewritten letters and forms:  
fill in the blanks and sign

#### Switch Kit Checklist:

- ❑ Open Amarillo Community FCU Accounts
- ❑ Make sure checks have cleared your current checking account
- ❑ Make sure enough funds are available to cover any automatic payments that need to be withdrawn
- ❑ Send written notice to your direct deposit vendors (Payroll, Social Security, Interest Payments, etc.)
- ❑ Send written notice to vendors who automatically take payments from your checking account (Utilities, Insurance, Cable, etc.) that you are closing the account
- ❑ Send notification of new account information to vendors who you want to continue to generate automatic withdrawals
- ❑ Send written notice to the financial institution that you are closing the account

#### Forms Provided by Amarillo Community FCU:

- Direct Deposit Change request
  - Use to change direct deposit from old account to Amarillo Community FCU
- Direct Deposit Authorization letter
  - Use to sign up for direct deposit
- Amarillo Community FCU Direct Deposit Enrollment form
  - Use to sign up for direct deposit at Amarillo Community FCU
- Automatic Payment Transfer letter
  - Use to transfer automatic payments from old account to Amarillo Community FCU
- Automatic Payment Cancellation letter
  - Send to vendors to cancel automatic payment from old account
- Automatic Payment Authorization letter
  - Send to vendors to start automatic payment from new Amarillo Community FCU account
- Account Closing form
  - Send to old financial institution to notify them of account closure



**AMARILLO COMMUNITY  
FEDERAL CREDIT UNION**

# Change Direct Deposit

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF COMPANY MAKING DEPOSIT

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To Whom It May Concern:

You are currently depositing:

my entire check or  part of my check to the following account: \$ \_\_\_\_\_

\_\_\_\_\_  
CURRENT FINANCIAL INSTITUTION

\_\_\_\_\_  
FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

Please stop making deposits to the above account and instead make the same deposits to

Amarillo Community Federal Credit Union.

**311376740**

\_\_\_\_\_  
FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

CHECKING       SAVINGS

If you have any questions about this request, please contact me at one of the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP



**AMARILLO COMMUNITY  
FEDERAL CREDIT UNION**

## Direct Deposit Authorization

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF COMPANY MAKING DEPOSIT

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To Whom It May Concern:

Please deposit:

my entire check or  part of my check to the following account: \$ \_\_\_\_\_

**Amarillo Community Federal Credit Union**

\_\_\_\_\_  
FINANCIAL INSTITUTION

**311376740**

\_\_\_\_\_  
FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

CHECKING       SAVINGS

If you have any questions about this request, please contact me at one of the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP



AMARILLO COMMUNITY  
FEDERAL CREDIT UNION

# Amarillo Community FCU Direct Deposit

NAME SOCIAL SECURITY NUMBER

DATE

EMPLOYER

MAILING ADDRESS CITY, STATE, ZIP

<b>SECTION I NET PAY</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE ABA/ROUTING NUMBER <b>311376740</b>  _____ ACCOUNT NUMBER	<b>SECTION 2 FIXED AMOUNT</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE ABA/ROUTING NUMBER <b>311376740</b>  _____ ACCOUNT NUMBER  \$ _____ DEDUCTION AMOUNT
UNTIL FURTHER NOTICE, DEDUCT THE ABOVE EACH <input type="checkbox"/> WK <input type="checkbox"/> BI-WK <input type="checkbox"/> SM <input type="checkbox"/> MO AND REMIT TO: Amarillo Community FCU, P.O. BOX 2026, Amarillo, Texas 79106-2026	

### SECTION 3

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE CREDIT ENTRIES TO MY ACCOUNT AS INDICATED ABOVE. IF FUNDS TO WHICH I AM NOT ENTITLED ARE DEPOSITED IN MY ACCOUNT, I AUTHORIZE MY EMPLOYER TO DIRECT FORUM TO RETURN SAID FUNDS. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL THE COMPANY HAS RECEIVED TIMELY WRITTEN NOTICE FROM ME OF TERMINATION OR UNTIL THE COMPANY OR ACFCU HAS SENT ME TEN DAYS WRITTEN NOTICE OF TERMINATION OF THIS ARRANGEMENT. THE COMPANY MAY ALSO SUSPEND THIS ARRANGEMENT TO FULFILL LAWFUL WAGE ATTACHMENT ORDERS. I UNDERSTAND I AM RESPONSIBLE FOR THE VALIDITY OF THE INFORMATION ON THIS FORM.

EMPLOYEE SIGNATURE DATE WORK PHONE

ADDRESS CITY, ST, ZIP

### PAY DISTRIBUTION

SAVINGS	\$	_____
SHARE DRAFT/CHECKING	\$	_____
CHRISTMAS CLUB	\$	_____
SPECIAL SAVINGS	\$	_____
LOAN PAYMENT	\$	_____
OTHER:	\$	_____
RELATED ACCOUNT # _____	\$	_____



AMARILLO COMMUNITY  
FEDERAL CREDIT UNION

## Change Automatic Payment

DATE

NAME OF COMPANY THAT MAKES AUTOMATIC WITHDRAWALS

MAILING ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:

You are currently withdrawing \_\_\_\_\_ for my \_\_\_\_\_  
AMOUNT WHAT PAYMENT IS FOR

\_\_\_\_\_, on \_\_\_\_\_ from the following account:  
ACCOUNT NUMBER WHEN

PRESENT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

ACCOUNT NUMBER

Please stop making withdrawals from the above account and instead make them from my

Amarillo Community Federal Credit Union account.

**311376740**

FINANCIAL INSTITUTION ROUTING NUMBER

ACCOUNT NUMBER

CHECKING       SAVINGS

If you have any questions about this request, please contact me at one of the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

NAME (PLEASE PRINT)

SIGNATURE

MAILING ADDRESS

CITY, STATE, ZIP



AMARILLO COMMUNITY  
FEDERAL CREDIT UNION

## Automatic Payment Cancellation

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF COMPANY THAT MAKES AUTOMATIC WITHDRAWALS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To Whom It May Concern:

You are currently withdrawing \_\_\_\_\_ for my \_\_\_\_\_  
AMOUNT WHAT PAYMENT IS FOR

\_\_\_\_\_, on \_\_\_\_\_ from the following account:  
ACCOUNT NUMBER WHEN

\_\_\_\_\_  
PRESENT FINANCIAL INSTITUTION

\_\_\_\_\_  
FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

**Please stop making withdrawals from the above account.**

If you have any questions about this request, please contact me at one of the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP



**AMARILLO COMMUNITY  
FEDERAL CREDIT UNION**

# Automatic Payment Authorization

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF COMPANY TO MAKE AUTOMATIC WITHDRAWALS

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To Whom It May Concern:

Please withdrawal \_\_\_\_\_ for my \_\_\_\_\_  
AMOUNT WHAT PAYMENT IS FOR

\_\_\_\_\_, on \_\_\_\_\_ from the following account:  
ACCOUNT NUMBER WHEN

## **Amarillo Community Federal Credit Union**

\_\_\_\_\_  
FINANCIAL INSTITUTION

**311376740**

\_\_\_\_\_  
FINANCIAL INSTITUTION ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

CHECKING       SAVINGS

If you have any questions about this request, please contact me at one of the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP



**AMARILLO COMMUNITY  
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# Close Account

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

To Whom It May Concern:

Please close my account \_\_\_\_\_, and send a check for the  
ACCOUNT NUMBER  
remaining balance to me at the following address below. If you have any questions about this  
request, please contact me at one of the following numbers:

Daytime: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
JOINT ACCOUNT OWNER NAME (PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
JOINT ACCOUNT SIGNATURE

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP