

Switch Kit Checklist

Ready to upgrade your bank? Switching to AlaTrust Credit Union couldn't be easier! Just follow these few steps to switch your account(s) and you're on your way to an Ala**Trust-Worthy** membership.

___ **Open your membership account** with AlaTrust Credit Union. You may do this online, call 1.800.264.8031 or visit one of our branch locations.

___ **Verify that funds in your old account are available** to cover any automatic payments, checks or debit card transactions that may still need to be withdrawn. Check maturity dates on Certificates of Deposits (CDs), IRA's, etc. if transferring in order to avoid early withdrawal penalties.

___ **Verify** that all checks, debit card transactions, and scheduled bill payments have cleared your old account.

___ Complete the **Authorization Agreement for Direct Deposit Form**: send this notice to companies which you have direct deposit (i.e. employer(s), government deposits, pension(s), investment dividends, child support and/or court-issued deposits, etc.) to notify them you are switching your direct deposits to your new AlaTrust Credit Union account.

To update/change your Social Security deposits you may do so online or over the phone.

Online: <https://www.ssa.gov/myaccount/direct-deposit.html>

Phone: 1.800.772.1213

AlaTrust Routing Number: 262084916

___ Complete the **Authorization for Canceling Automatic Payments Form**: send this notice to companies that automatically withdraw payments from your old account (credit cards, utilities, mortgage, insurance, internet service/cable providers, external transfers, monthly subscriptions, etc.) to notify them you are closing the existing account.

___ Complete the **Authorization for Automatic Payments Transfer Form**: send this notice to companies to notify them you would like to transfer existing automatic payments from your previous financial institution to your AlaTrust Credit Union account.

___ Complete the **Authorization for Automatic Payment Form**: send this notice if you would like to add new automatic payments. If not, you may skip this step.

___ Complete the **Account Closing Request Form**: send this notice to your old financial institution informing them that you are closing your current account.

Authorization Agreement for Direct Deposit

Employee Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # or Employee ID: _____

Previous Financial Institution: _____ Account# _____

I hereby authorize _____ (Employee Company) to initiate automatic deposits to my account at the financial institution named below. I also authorize withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold _____ (Employee Company) responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds into my account. This agreement will remain in effect until _____ (Employee Company) receives a written notice of cancellation from me or my financial institution and in such manner as to afford AlaTrust Credit Union a reasonable opportunity to act on it, or until I submit a new direct deposit form to the Payroll Department.

Name of Financial Institution: AlaTrust Credit Union

Routing Number: 262084916

Member Number: _____ Checking Savings

Authorized Signature (Employee)

Date

Authorization for Canceling Automatic Payments

Date: _____

Dear: _____ (Vendor Name)

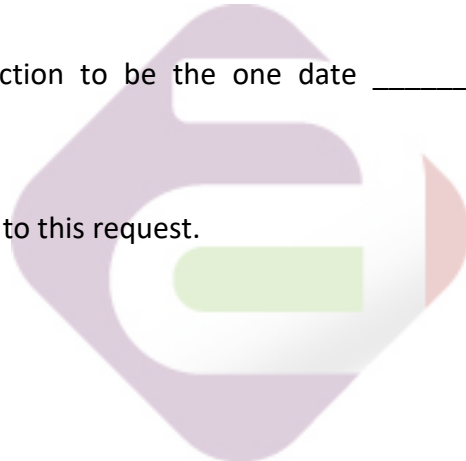
I am writing to inform you of a change in my banking relationship concerning my account _____ (Account Number). I currently have my _____ (Vendor Name) payment automatically withdrawn from my ___Checking ___Savings account with _____ (previous Financial Institution) on the _____ (frequency: 1st, 15th, etc.) of the month.

I would like to transfer these monthly transactions and submit this letter as written notification of that intention. I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one date _____ (date of last transaction).

Thank you for your prompt attention to this request.

Sincerely,



Signature

Date

Joint Signature

Date

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization for Automatic Payments Transfer

Date: _____

Dear: _____ (Vendor Name)

I am writing to inform you of a change in my banking relationship concerning my account _____ (Account Number). I currently have my _____ (Vendor Name) payment automatically withdrawn from my ___Checking ___Savings account with _____ (previous Financial Institution) on the _____ (frequency: 1st, 15th, etc.) of the month.

I would like to transfer these monthly transactions to my new financial institution, **AlaTrust Credit Union** and submit this letter as written notification of that intention. I understand I need to give you at least two weeks notice prior to the next scheduled transaction.

Therefore, I expect the last transaction to be the one dated _____ (date of last transaction) and the first one from AlaTrust Credit Union to be dated _____ (date of next transaction).

Thank you for your prompt attention to this request. I have enclosed an Authorization for Automatic Payment form that includes the information necessary for you to begin withdrawals from my AlaTrust Credit Union account.

Sincerely,

Signature

Date

Joint Signature

Date

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization for Automatic Payment

Date: _____

Dear: _____ (Vendor Name)

Please route my automatic payment per my instructions to the financial institution indicated below:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

I authorize payment to be debited: Monthly Weekly Semi-Monthly

Effective: Immediately Beginning on: _____ (date to begin)

From my account at:

AlaTrust Credit Union

Member Number: _____

Routing Number: 262084916

Signature

Date

*You should complete one form for every automatic payment you have debited from your account.
Please make additional copies from this form as needed.*

Account Closing Request

I am switching to AlaTrust Credit Union!

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

To Whom It May Concern at _____ (Previous Financial Institution), I hereby authorize the closure of my account at:

Financial Institution: _____ Phone: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

effective on _____ (today's date).

Account Number(s) and Account Type(s) I am authorizing closure of:

Account: _____ Checking _____ Savings _____ Other: _____
Account: _____ Checking _____ Savings _____ Other: _____
Account: _____ Checking _____ Savings _____ Other: _____

Please forward the remaining balance from the account, including any interest accrued (if applicable).
Check One.

Mail the remaining balance of my account(s) to my address listed above.

Send the remaining balance of my account(s) to be deposited at AlaTrust Credit Union, address below.

My AlaTrust Credit Union member number is: _____

Mail to: AlaTrust Credit Union
1810 Merchants Drive
Hoover, AL 35244

Signature

Date

Please maintain a balance in your old account to cover all outstanding withdrawals. AlaTrust Credit Union is not responsible for charges accrued for insufficient funds. Contact a Member Service Representative to determine when to send this form to your previous financial institution.