

NAEFCU Switch Kit



Switching to NAE Federal Credit Union is easy!

NAE Federal Credit Union has made moving your accounts fast and convenient with our *Switch Kit*. All the letters and forms you will need to make this transition as easy as possible are provided here...so all you have to do is print and mail the letters to the appropriate companies and /or individuals.

Three Simple Steps to Switch

1. Open an account at NAE Federal Credit Union
2. Follow the checklist for changing your banking account. The forms needed to complete each step are included on the checklist.
3. Close your account at your old financial institution.

Switch Kit Checklist

Check the boxes next to the items you've completed. Print this checklist and as you complete each step check off the boxes on your printed copy.

<input type="checkbox"/>	Open your membership and checking account at NAE Federal Credit Union. You may do this by visiting any of our branch locations or by downloading a membership application .
<input type="checkbox"/>	Verify that all checks, check card transactions, and scheduled bill payments have cleared your old checking account.
<input type="checkbox"/>	Make certain funds are available in your old account to cover any automatic payments, checks, and check card transactions that may still be withdrawn. Check maturity dates on Certificates of Deposits if transferring in order to avoid early withdrawal penalties.
<input type="checkbox"/>	Direct Deposit Change Request Form Send written notices to companies with which you have direct deposit (employer, government deposits, pension, transfers from other financial institutions, investment dividends, child support or court-issued deposits, etc.) notify them that you want to switch your direct deposits to your new NAE Federal Credit Union account.
<input type="checkbox"/>	Authorization Agreement for Direct Deposit Form Send written notice to set up direct deposits with any new companies or individuals. To Change Social Security deposits, visit: www.ssa.gov/deposit/howtosign.htm Or call the Social Security Administration at: 1-800-772-1213 (TTY 1-800-325-0778) NAE Federal Credit Union Routing/Transit number: 251480288

<input type="checkbox"/>	<p><u>Authorization for Canceling Automatic Payments Form</u> 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 or court issued payments, etc.) notify them that you are closing the account.</p>
<input type="checkbox"/>	<p><u>Authorization for Automatic Payment Transfer Form</u> Include a notification with your new account information if you wish to continue the automatic payments at NAE Federal Credit Union.</p>
<input type="checkbox"/>	<p><u>Authorization for Automatic Payment Form</u> Send a notification if you wish to add new automatic payments.</p>
<input type="checkbox"/>	<p>Contact companies that take payments from your old checking account using a debit card. Inform them of your new NAE Federal Credit Union debit card number and expiration date. (If you prefer, you may set up this payment as an automatic payment rather than debit card payment using the <u>Authorization for Automatic Payment Form</u>.</p>
<input type="checkbox"/>	<p>Verify that your direct deposits and automatic payments have begun posting to your new NAE Federal Credit Union Account.</p>
<input type="checkbox"/>	<p><u>Account Closing Request Form</u> Send a written notice to your old financial institution informing them that you are closing your account.</p>

Direct Deposit Change Request



To:

From:

Address:

Social Security Number:

RE: Change of Direct Deposit Routing:

Please discontinue sending my automatic direct deposit to Account Number:

and/or Account Number:

with

Please begin sending the same deposit to NAE Federal Credit Union.
NAE Federal Credit Union routing information is:

NAE Federal Credit Union
755 N. Battlefield Blvd
Chesapeake, VA 23320
Transit/ABA #251480288

Deposit Instructions:

Deposit entire amount to Checking Account Number: Share Type:

Deposit to Savings Account Number: Share Type:

and the remainder to Checking Account Number: Share Type:

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my NAE Federal Credit Union Checking or Savings account.
- NAE Federal Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature: _____ Date: _____



Authorization Agreement for NAE Federal Credit Union Direct Deposit

Please Review and complete the following information.
Return this form to your employer's human resources office.

Direct Deposit Authorization:

Name:	<input type="text"/>				
Social Security Number:	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Company Name:	<input type="text"/>	Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

Deposit Instructions:

<input type="checkbox"/>	Deposit entire amount to Checking Account Number:	<input type="text"/>	Share Type:	<input type="text"/>	
<input type="checkbox"/>	Deposit <input type="text"/>	to Savings Account Number:	<input type="text"/>	Share Type:	<input type="text"/>
	and the remainder to Checking Account Number:	<input type="text"/>	Share Type:	<input type="text"/>	

NAE Federal Credit Union
755 N. Battlefield Blvd
Chesapeake, VA 23320
Transit/ABA #251480288

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my NAE Federal Credit Union Checking or Savings account.
- NAE Federal Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written noticed of change or cancellation.

Signature: _____ Date: _____



Authorization for Canceling Automatic Payment

Date: _____

Dear: _____

I am writing to inform you of a change in my banking relationship concerning my Account Number: _____

I currently have my payment automatically withdrawn from my Checking/Savings Account Number _____ at _____ on the _____ of the month.

I would like to cancel 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 dated _____.

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____

Name:

Address:

City:

State:

Zip:

Phone:



Authorization for Automatic Payment Transfer

Date: _____

Dear: _____

I am writing to inform you of a change in my banking relationship concerning my Account Number: _____ .

I currently have my payment automatically withdrawn from my Checking/Savings Account Number _____ at _____ on the _____ of the month.

I would like to transfer these monthly transactions to my new financial institution, NAE Federal 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 _____ and the first one from NAE Federal Credit Union to be dated _____ .

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 NAE Federal Credit Union account.

Sincerely,

Signature: _____ Date: _____

Second Signature (if joint account): _____

Name:

Address:

City:

State:

Zip:

Phone:



Authorization for Automatic Payment

(Send this form to your vendors)

Name:

Address:

City:

State:

Zip:

Phone Number:

Credit Union:

NAE Federal Credit Union
755 N. Battlefield Blvd
Chesapeake, VA 23320

Routing Number: **251480288**

Account Number:

___ Checking Account ___ Savings Account

I (we) authorize _____ to initiate variable entries to my checking/savings.

This authorization will remain in effect until I notify _____ in writing to cancel it in such time as to afford _____ a reasonable opportunity to act.

I also agree that I remain obligated to pay for these services until I give you written notice to stop.

Signature: _____ Date: _____

Attach a Voided NAE Check in this Area



Account Closing Request

To:

From:

Address:

City: State: Zip:

PLEASE CLOSE THE FOLLOWING ACCOUNT WITH YOUR INSTITUTION:

Account Number: Checking Savings Money Market Other

Account Number: Checking Savings Money Market Other

Account Number: Checking Savings Money Market Other

Please send any funds remaining in these accounts to:

The address shown above. The following address:

 To my account at: **NAE Federal Credit Union**
755 N. Battlefield Blvd
Chesapeake, VA 23320
Account Number:

Signature: _____ Date: _____