Getting Started

Making the switch to better banking today!

You can make the move to FAA FCU in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to FAA Federal Credit Union, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit your local branch to open your new FAA FCU account(s).

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to FAA FCU.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to FAA FCU.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your FAA FCU account. Use one form for each direct deposit.

Notification of Dire	Direct Deposit Checklist:			
Company or Employer:				Use this list to remember all your direct deposits you need
Address:				to transfer. These are the most common direct deposits.
City, State, Zip:				Payroll
Phone Number:				Investments
Employee ID:				Retirement Plans
<i>(if applicable)</i>				Social Security
Effective immediately, plea	se deposit the net am	ount of my check t	o my FAA FCU	
account. I authorize (name	of depositor)			
to automatically deposit fur	nds into the account I	pelow. This authoriz	ation shall remain in	
place until I have submitted	d a new authorization	, or until this autho	rization is changed or	
revoked by me in writing.				
Place an X next to your desire	ed option.			
Net amount to	FAA FCU CHECKING	ì		
Account #		Routing #	284084363	
Net amount to	FAA FCU SAVINGS			
Account #		Routing #	284084363	
Signature:	Date:			
Name:				
Address:				
City, State, Zip:				
Phone Number:				







Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of \	Automatic Withdrawal		
			Checklist:
Name of Company:			Use this list to remember all your
Account Number:			automatic payments you need to
Payment Amount:			transfer. These are some of the most commonly used automatic
Address:			payments.
City, State, Zip:			Home Mortgage
			Auto Loans
Phone Number:			Utilities
Please change my autor	natic withdrawal from the following acco	unt·	Insurance
Financial Institution:			Cable/Internet
		_	Gym/Club Memberships
Account #	Bank Routing	; #	Credit Cards
Please make all future a	utomatic withdrawals from the following	account:	Investments
Financial Institution:	FAA FCU		Subscriptions
Account #	Bank Routing	; # 284084363	Charity Donations
Thank you very much			
	nain in effect until I have submitted to you a me in writing that this authorization has be		
Signature:		Date:	
Name:			
Address:			
City, State, Zip:			
Phone Number:			





Account Closure Authorization

FEDERAL CREDIT UNION

You can authorize your remaining balance to be deposited automatically to your new FAA FCU account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Congratulations!	
To Whom It May Conce Financial Institution: Address: City, State, Zip:		You had to sign your name a few times…but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes. Welcome to FAA FCU!
Please close my accou	nt:	
Account Number:	Primary Owner:	
Address:		
City, State, Zip:		
Account #		
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		



