

# GET IN YOUR ELEMENT ... SWITCH TODAY!

Our members and employees know what it means to be in their Element. Are you ready? We are! We're providing these forms to make switching your checking account over to Element FCU easy. Remember, some institutions may require you to use their own forms.



### **Switch Your Direct Deposit**

Use the Direct Deposit Request form to provide your employer (or other sources of direct deposits) with your new Element FCU account and routing information.



#### **Switch Your Automatic Payments**

The Automatic Payment Authorization form instructs anyone receiving automatic payments from your old account to begin debiting payments from your new Element FCU account.

**Important:** it's a good idea to follow up with your payees to make sure they have received this form and have your new account information set up before closing your old account.



### **Update Your Account or Debit Information**

Consider changing your account information with the following (where applicable):

- Direct deposit with employer
- Any annual/monthly subscription services
- (pet food delivery, streaming services, etc.)
- Any annual/monthly memberships (Amazo
- Prime, wholesale clubs, etc.)
- Mortgage/rent payments
- Utility companies
- Vehicle lender
- Cable company

- Cell phone provider
- Insurance provider(s)
- Gym membership
- Student loan servicer(s)
- Credit card companies
- □ Mobile wallet
- (Apple Pay TM, Google Pay TM, Samsung Pay TM)
- Apps using your debit card
- P2P payment services (Paypal, Venmo, etc.)



### **Close Your Old Account**

Provide the Authorization to Close Account form to each financial institution where you have old accounts you want to close.

#### We recommend sending this form only AFTER ensuring that:

- 1) Your direct deposits begin appearing in your new Element FCU Account
- 2) All outstanding checks have cleared on your old account
- 3) You confirm that all payees receiving automatic payments from your account have been notified to begin debiting your new account
- 4) Any monthly account fees assessed by your old financial institution are paid





## DIRECT DEPOSIT REQUEST

Use this form to provide your employer (or other source of direct deposits) with your new Element FCU account and routing information.

lame	-
ddress	
Sity, State, Zip Code	

I authorize (company/organization) \_\_\_\_

automatically deposit my paycheck or other direct payment into my account listed below (this includes my authorization to correct entries made in error).

Depository Name

**Element Federal Credit Union** 

Routing Number

251 984 386

Deposit funds into the following account (circle one):

Checking

Member Number

Account/ACH Number:

**Primary Share Savings** 

To find your Account/ACH and Member numbers, log into Online Banking, select Checking, and click on Details.

Signature

Date (mm/dd/yyyy)

to



## AUTOMATIC PAYMENT AUTHORIZATION

You can easily make online payments with your Element FCU debit card or make payments with Bill Pay in Online Banking. This form is another option you can use to notify your payees to deduct payments from your new account.

Make sure you attach a voided check from your new account and mail a copy of this form to each company or organization currently receiving automatic payments from your old checking account.

Please note that some payees may require you to complete their own version of this form.

 Payee Name

 Payee Full Address

 Account Number with the Payee

 Your Name

 Your Full Address

 I have moved my account to Element Federal Credit Union. Please change your records so that my electronic payments to you are deducted from my new account.

 Element FCU Routing Number

251 984 386

Signature

Date (mm/dd/yyyy)

ATTACH VOIDED CHECK HERE

## AUTHORIZATION TO CLOSE ACCOUNT

Element

EDERAL CREDIT UNION

I am requesting that \_ close the following account(s). All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Account Number: Account Number: Account Number:

Account Number:

Account Number:

Account Number:

Please mail the balance in the accounts, including any accrued interes, to my address of record:

Checking	Savings	Certificates
Checking	Savings	Certificates
Name:		
Address 1:		
Address 2: _		

Signature

Date (mm/dd/yyyy)

City, State, Zip:

Signature (Joint Owner)

Date (mm/dd/yyyy)

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