

# AAFCU *Switch Kit*

Providing the information below will allow us to assist you in establishing your AAFCU account!

Name:  AAFCU Account Number:

**Deposits you would like to receive directly into your AAFCU account:** *(list the source, including name and address)*

1.
2.
3.
4.
5.

**Payments you would like to be automatically deducted from your AAFCU account:** *(list the source, including name, address and account number)*

1.   
Currently paid by:  Switch to pay by:
2.   
Currently paid by:  Switch to pay by:
3.   
Currently paid by:  Switch to pay by:
4.   
Currently paid by:  Switch to pay by:
5.   
Currently paid by:  Switch to pay by:

**What bank/credit union are you switching from?** *(\*This can be found on the bottom of your check)*

Name:

Address:

\*Routing # (1st set of numbers)  \*Account # (2nd set of numbers)

Are you interested in paying your bills online through our secure site?

Date:

Company Name:

ATTN:

Address:

City, ST Zip:

### RE: Direct Deposit Enrollment Request

To Whom It May Concern:

I authorize (Company)

to change my direct deposit to my account at Armstrong Associates Federal Credit Union. My account information is provided below. This authorization is to remain in effect until written notification to terminate has been received. Please contact me with questions.

First Name	MI	Last Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	ST	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Account Information

Financial Institution: Armstrong Associates Federal Credit Union P.O. Box 191 414 Ford Street Ford City, PA 16226	Routing/Transit Number: 2433 8147 6	AAFCU Member Account Number: <input type="text"/>
	Choose Payment Amount:	<input type="checkbox"/> Entire Check Amount
		<input type="checkbox"/> Specified Amount: <input type="text"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date:

Company Name:

ATTN:

Address:

City, ST Zip:

**RE: Automatic Payment Cancellation**

Account Number

To Whom It May Concern:

Effective immediately, please discontinue all payments being withdrawn from the account or card listed below.

Financial Institution Name

Routing Number

Account Number

**OR**

Card Type

Card Number

Expiration

If you have any questions regarding this request, please contact me.

First Name

MI

Last Name

Telephone

Address

City

ST

Zip

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date:

Company Name:

ATTN:

Address:

City, ST Zip:

**RE: Automatic Payment Authorization**

Account Number

To Whom It May Concern:

Effective immediately, please redirect my automatic payment for the account referenced above to Armstrong Associates Federal Credit Union.

SELECT ONE OPTION:

Option #1: I elect to have my payment automatically withdrawn from the account below:

Financial Institution:

Routing/Transit Number: 2433 8147 6

Armstrong Associates Federal Credit Union  
P.O. Box 191  
Ford City, PA 16226

AAFCU Member Account Number:

Option #2: I elect to use my debit/credit card as my preferred payment method.

Card Type

Card Number

Expiration

If you have any questions regarding this request, please contact me.

First Name

MI

Last Name

Telephone

Address

City

ST

Zip

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date:

Company Name:

ATTN:

Address:

City, ST Zip:

**RE: Account Closure Request**

Account Number

To Whom It May Concern:

Please close the following account(s):

- Checking Account Account Number
- Savings Account Account Number
- Money Market Account Account Number

SELECT ONE OPTION:

Option #1: Send the remaining balance to my account with Armstrong Associates Federal Credit Union, as below:

Financial Institution:

Routing/Transit Number: 2433 8147 6

Armstrong Associates Federal Credit Union  
P.O. Box 191  
Ford City, PA 16226

AAFCU Member Account Number:

Option #2: I have transferred the remaining balances from my account.

Please mail a confirmation of my account closure to my address. Thank you for your prompt attention. If you have any questions regarding this request, please contact me.

First Name  MI  Last Name  Telephone

Address  City  ST  Zip

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# AAFCU *Switch Kit* Checklist

Dear Member,

We are excited that you have chosen to switch to Armstrong Associates Federal Credit Union! We know you will be impressed with the benefits and quality of service you will receive as a member/owner of your credit union.

Now that you have officially requested to have your account(s) moved from another financial institution to AAFCU, there are a few checklist items you should keep in mind as the transition is completed.

1. Please stop using your account(s) at the other financial institution and wait at least two weeks. This should provide ample time for any checks and automatic withdrawals or debit card transactions to clear. If all items presented for payment at the other financial institution are not allowed to clear before the account is closed, you could incur a Non Sufficient Funds (NSF) fee or other fees.
2. If you elect to have your paycheck automatically deposited to your AAFCU Checking Account, you should contact your employer regarding the form(s) they require to process your request. For your convenience, we have provided a generic Direct Deposit Authorization Form. Your employer will need your account number and our routing number. If you have a portion of your payroll deposited into a special account and plan to switch it over, don't forget to mention that to your employer as well, or talk to one of our friendly staff and we can help you arrange automatic transfers once your funds arrive here. We can also help you with any paperwork regarding the direct deposit of government payments, such as Social Security or VA benefits.
3. While waiting for your other account(s) to close, you should deposit enough money into your new AAFCU account to cover any miscellaneous charges, such as the cost of checks or any automatic payments or transfers you have set up with us already. In the case of the share savings account, the funds to cover payments or transfers should not include the minimum \$5 share savings balance.

If you have any questions regarding your AAFCU accounts, please don't hesitate to contact us for help at 724-763-1172 or mycu@aafcu4u.coop. Our staff is dedicated to making your transition to the Credit Union as easy and hassle-free as possible!

## Just a reminder...Did you remember to move these automatic transactions?

### Direct Deposits:

- Payroll
- Retirement/Pension Payments
- Social Security benefits
- Other

### Automatic Withdrawals/ACH:

- Mortgage
- Utility Company
- Phone/Wireless Company
- Cable Company
- Homeowner's, Auto, and/or Life Insurance Payments
- Internet Provider
- Credit Card Payment
- Loan Payments
- Gym Memberships

Federally Insured by NCUA.



**Ford City Office**  
P.O. Box 191  
414 Ford Street  
Ford City, PA 16226  
Phone: (724) 763-1172  
Fax: (724) 763-9375

**West Hills Branch**  
92 Glade Drive  
Kittanning, PA 16201  
Phone: (724) 543-CU4U  
Fax: (724) 545-3033

**Elderton Branch**  
P.O. Box 219  
11256 Route 422 East  
Elderton, PA 15736  
Phone: (724) 354-3621  
Fax: (724) 354-3558