

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.

1.

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.

2.

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.

3.

Update Your Account or Debit Information

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

- | | |
|---|--|
| <input type="checkbox"/> Direct deposit with employer | <input type="checkbox"/> Cell phone provider |
| <input type="checkbox"/> Any annual/monthly subscription services (pet food delivery, streaming services, etc.) | <input type="checkbox"/> Insurance provider(s) |
| <input type="checkbox"/> Any annual/monthly memberships (Amazon Prime, wholesale clubs, etc.) | <input type="checkbox"/> Gym membership |
| <input type="checkbox"/> Mortgage/rent payments | <input type="checkbox"/> Student loan servicer(s) |
| <input type="checkbox"/> Utility companies | <input type="checkbox"/> Credit card companies |
| <input type="checkbox"/> Vehicle lender | <input type="checkbox"/> Mobile wallet (Apple Pay TM, Google Pay TM, Samsung Pay TM) |
| <input type="checkbox"/> Cable company | <input type="checkbox"/> Apps using your debit card |
| | <input type="checkbox"/> P2P payment services (Paypal, Venmo, etc.) |

4.

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.

Name
Address
City, State, Zip Code

I authorize (company/organization) _____ to 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	Account/ACH Number: _____
Primary Share Savings	Member Number: _____
To find your Account/ACH and Member numbers, log into Online Banking, select Checking, and click on <i>Details</i> .	

Signature _____

Date (mm/dd/yyyy) _____



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	Your Element FCU Checking Account/ ACH Number

Signature

Date (mm/dd/yyyy)

ATTACH VOIDED CHECK HERE

AUTHORIZATION TO CLOSE ACCOUNT

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: _____	Checking	Savings	Certificates
Account Number: _____	Checking	Savings	Certificates
Account Number: _____	Checking	Savings	Certificates
Account Number: _____	Checking	Savings	Certificates
Account Number: _____	Checking	Savings	Certificates
Account Number: _____	Checking	Savings	Certificates

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

Name: _____
 Address 1: _____
 Address 2: _____
 City, State, Zip: _____

Signature

Date (mm/dd/yyyy)

Signature (Joint Owner)

Date (mm/dd/yyyy)