

Switch Kit Checklist

Credit Union Information:

Phone: 716-483-2798
 Routing/ABA #: **222381057**
 Account #:

Mail in change Letters for Creditors:

<u>Creditor</u>	<u>Date Mailed</u>	<u>Date Confirmed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail in Direct Deposit Change:

<u>Direct Deposit</u>	<u>Date Mailed</u>	<u>Date Confirmed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail in Closure Letter to Financial Institution:

<u>Financial Institution</u>	<u>Date Mailed</u>	<u>Date Confirmed</u>
_____	_____	_____
_____	_____	_____

Request to Close

Account Form

Date: _____

To: _____ *(Name of Financial Institution)*

From: _____ *(Primary Account Holder)*

_____ *(street Address)*

_____ *(City, State, Zip)*

To Whom It May Concern:

Please close my following account(s):

Account # _____

Account Type _____

Account # _____

Account Type _____

Please send the remaining balance via:

____ Close and send check to Affinity One FCU for deposit into account #

Affinity One FCU

545 E 2nd St

Jamestown NY 14701

____ Close and send check to my mailing address

Thank You,

Signature: _____



Direct Deposit

Authorization Form

Name: _____

Street Address: _____

City, State, Zip: _____

_____ Start Direct Deposit

_____ Change financial institution to Affinity One FCU

Affinity One FCU Routing/Transit Number: **222381057**

_____ Checking _____ Savings **(check one)**

Account Number: _____

_____ Deposit all of my check

_____ Part of my check (specify amount per pay period): \$ _____

Affinity One FCU employee verification that information is accurate:

Name: _____ Date: _____

Sign Below

I hereby authorize and request my employer to make payment of my earnings by initiating credit or adjustment entries to my account listed above. I also authorize and request Affinity One FCU to accept any such entries or adjustments to my account without Affinity One FCU being responsible for the correctness thereof. If funds to which I am not entitled are deposited to my account, I authorize my employer to direct Affinity One FCU to return said funds. Such automatic deposits will be made on each successive payday unless I terminate this agreement. Cancellation of direct deposit needs to be directed to my employer's payroll department.

Signature: _____ Date: _____



Automatic Withdrawal Authorization Form

To: _____ (*Auto Payee*)

Re. Acct #: _____ (*Auto Payee account number*)

This form serves to notify you I have an open account at AffinityOne FCU and I authorize and request you to deduct my automatic payments.

Financial Institution:

Affinity One FCU, 545 E 2nd St, Jamestown, New York 14701

Routing: **222381057**

Account Number: _____

Account Type: _____

Amount: _____

Frequency: _____

Effective: _____

Signature: _____ **Date:** _____

Name: _____

Street Address: _____

City, State, Zip: _____