



Switch Kit – DIRECT DEPOSIT

Complete this form to authorize an employer to directly deposit your payroll or other credit to your Emory Alliance Credit Union checking account.

Date

Employer/Depositor's Name

Address

City, State, Zip

To whom it may concern:

You are currently depositing **MY ENTIRE PAYCHECK** / **PART OF MY PAYCHECK** (*circle one*) to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to the account above and instead make them to:

New Bank: **EMORY ALLIANCE CREDIT UNION**

Bank Routing Number: **261172308**

Checking Account Number: _____

Signature: _____

If you have any questions about this request, please contact me during the **DAY** / **EVENING** (*circle one*) at:

Phone Number

Name (*please print*)

Address

City, State, Zip

Other information your employer may need (*SSN, Employee ID#, etc.*)

3 Easy Steps:

1. Complete this form
2. Attach a voided check to this form to confirm your account and routing number
3. Submit this completed form and a voided check to your Human Resources/ Payroll Department, or to the originator of your direct deposit.



Switch Kit – AUTOMATIC PAYMENTS

Complete this form and submit to each company deducting automatic monthly or annual payments from your account (i.e., insurance, internet service, credit card or loan payments, phone, AAA, etc.).

_____ Date

_____ Name of company that makes automatic withdrawal

_____ Address

_____ City, State, Zip

To whom it may concern:

You are currently withdrawing \$ _____ for my _____,
(amount) *(what payment is for)*

_____, from the following account:
(account or other identifying number)

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from the account above and instead make them from:

New Bank: **EMORY ALLIANCE CREDIT UNION**

Bank Routing Number: **261172308**

Checking Account Number: _____

Signature: _____

If you have any questions about this request, please contact me during the **DAY / EVENING** *(circle one)* at:

_____ Phone Number

_____ Name *(please print)*

_____ Address

_____ City, State, Zip

3 Easy Steps:

1. Complete this form for each company that makes automatic withdrawals
2. Attach a voided check to this form to confirm your account and routing number.
3. Submit this completed form and a voided check to each company that automatically debits payments from your account.



Switch Kit – ACCOUNT CLOSURE

Complete this form and submit to your previous bank to close your old accounts.

Date

Old Bank's Name

Address

City, State, Zip

To whom it may concern:

Please close my account _____

Account Number

and send a check for the remaining balance to me at the address listed below.

Signature: _____

If you have any questions about this request, please contact me during the **DAY** / **EVENING** (*circle one*) at:

Phone Number

Name (*please print*)

Address

City, State, Zip

Joint owner information (*if applicable*)

Joint Owner Signature

Joint Owner Name (*please print*)

Please allow sufficient time for all transactions to clear.