

Helpful Hints for Switching your Account

Our goal is to make switching your accounts as quick and easy as possible. These instructions provide useful information to help you make the transition. If you have any questions, please don't hesitate to visit or call us for assistance at 860-292-2940.

STEP 1. Gather Information

Review your account statements to identify all forms of automatic payments to and withdrawals from your former account. You may want to review past statements as some companies may withdrawal funds quarterly.

Have your account information on hand:

RIVERBANK FEDERAL CREDIT UNION

Routing Number: 211180159

New Account Number: _____

Old Financial Institution Name: _____

Old Routing Number: _____

Old Account Number: _____

(The financial institution's routing number is the first 9 numbers printed on the bottom of your checks)

STEP 2. Transfer Direct Deposits

Direct Deposit makes it possible for your paycheck, Social Security payments and other checks to be deposited directly into your account(s). Direct deposit ensures your funds are available without making an extra trip to the Credit Union to deposit your checks and typically your money is available faster.

Direct Deposit/Automatic Payment

- Employer Deposit / Paycheck
- Social Security Benefits
- Government Checks / Tax Refund
- Child Support or Court Ordered Deposits
- Pension Benefits
- Other: _____

Complete and mail the **Direct Deposit Authorization Form** to each company or organization that deposits money into your account and notify them of your new account number(s).

For direct deposit of Social Security benefits, call the Social Security Administration at 1-800-772-1213. You will need to provide them with the routing and account numbers associated with your new account.

Please note that many companies that make direct deposits to your account may require a voided check. To void a check, simply write VOID in large letters across the entire face of a blank check. Then submit the check to them.

STEP 3. Change Automatic Withdrawals

Review past account statement and make a list of all the companies or organizations that are automatically deducting payments from your account. Contact the companies or organizations and notify them of your new account.

- | | |
|---|---|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Auto Loans |
| <input type="checkbox"/> Telephone/Cell Phone | <input type="checkbox"/> Cable/Satellite |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Clubs/Associations |
| <input type="checkbox"/> Water | <input type="checkbox"/> Charitable Causes |
| <input type="checkbox"/> Internet Services | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

In many cases you can change your billing information online or by phone. To change automatic payments by mail, use the **Authorization to Change Automatic Payment Form**.

STEP 4. Close Your Old Account

Once your last check, automatic withdrawal, and/or automatic payment has cleared, you are ready to close your old account and destroy all remaining checks, ATM/debit cards and deposit slips.

Outstanding check payable to	Outstanding check number	Outstanding amount	Date cleared

Close all your accounts:

Financial Institution	Savings Account	Checking Account
_____	_____	_____
_____	_____	_____

Complete an **Authorization to Close Account Form** to close your old account and have the remaining balance transferred to your new account. Please let us know if you would like us to assist you with closing your old account by notarizing and mailing the form for you.

DIRECT DEPOSIT AUTHORIZATION

Account Holder Return Address:

Employer Name and Mailing Address:

Date _____

To Whom It May Concern:

You are currently depositing My
Entire Paycheck _____ Part of My Paycheck \$ _____ (amount)

To the following account:
Financial Institution Name: _____
Routing Number: _____
Account Number: _____

Effective _____ (date or "immediately"), please stop making deposits to the
above account and instead send them to:

Riverbank Federal Credit Union
Routing Number: 211180159
Account Number(s): _____
Checking Account: _____ Amount \$ _____
Savings Account: _____ Amount \$ _____

I hereby authorize my employer or the addressee to initiate entries to my account as indicated above. If funds that I am not entitled to are deposited into my account, I authorize the addressee to direct my financial institution to return said funds. This authorization is to remain in effect until the company has received timely written notice from me of termination or until the company has sent me ten days written notice of termination of this agreement. I understand I am responsible for the validity of the information on this form.

Signature: _____

Please Print

Name: _____

Address: _____

City _____ State _____ Zip _____

Daytime Phone Number: _____

I have included the following information you may need to process this request:

- Social Security Number: _____
 Voided Check

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Account Holder Return Address:

Name of Company or Organization and Mailing Address

Today's Date _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (enter amount or "balance due") to pay for account number _____ (company account) on _____ (date or frequency) from the following account:
Financial Institution Name: _____
Routing Number: _____
Account Number: _____

Please stop making withdrawals from the above account.

Effective _____ (date or "immediately"), please start making automatic withdrawals from my new account:

Riverbank Federal Credit Union
Routing Number: 211180159
Account Number: _____

Effective _____ (date or "immediately"), please cancel all automatic withdrawals. I will use only bill pay or send you a check to make future payments.

If you have questions about this request, please contact me.

Signature: _____

Please Print

Name: _____

Address: _____

City _____ State _____ Zip _____

Daytime Phone Number: _____

I have included the following information you may need to process this request:

- Social Security Number: _____
- Voided Check

AUTHORIZATION TO CLOSE ACCOUNT

Account Holder Return Address:

Name and Mailing Address of Previous Financial Institution:

To Whom It May Concern:

Effective _____ (date or "immediately")

Please close my/our account:

Account Number(s) _____

Account Name: _____

Joint Account Name: _____

Please send remaining balance:

To my/our new financial institution:

RIVERBANK FEDERAL CREDIT UNION, 516 SPRING ST, WINDSOR LOCKS, CT 06096

Routing Number: 211180159

Account Number: _____

Directly to me/us at the following address:

Name: _____

Address: _____

City _____ State _____ Zip _____

If you have questions about this request, please contact me/us at:

Daytime Phone Number(s): _____

Primary Accountholder:

Joint Accountholder:

Signature

Signature

Print Name

Print Name

Date _____

Date _____

Signed before me, a Notary Public, this ____ day of ____, 20____

Signature

Date

NOTARY SEAL