

AFFINITY SWITCH CHECKLIST



SWITCH KIT

Welcome to Affinity Federal Credit Union. For your convenience, we have a handy checklist to help make the transition from your old bank account to your new Affinity account easier. Simply use the forms on the following pages to switch your direct deposit, to redirect your automatic payments, and to close your old account.

OPEN AN AFFINITY CHECKING ACCOUNT

- ☐ Make note of your Member Number, Checking Account Number, and ABA Routing Number below, so you'll have them handy as you complete the following steps.

Member Number: _____

Checking Account Number: _____

ABA Routing Number: 221283512

EXAMPLE: SEE BOTTOM OF CHECK

<u>221283512</u>	<u>123456789012</u>	<u>1234</u>
ABA Routing Number	Checking Account Number	

- ☐ Receive your Affinity starter checks
- ☐ Receive and activate your Affinity OneCard (debit card)
- ☐ Receive your temporary password for Online Banking
- ☐ Destroy your old checks, ATM/debit cards, and deposit slips
- ☐ Transfer funds from your old account to your new Affinity account. Be sure to leave enough money in your old account to cover any outstanding checks, automatic payments, and withdrawals.

ENROLL IN ONLINE BANKING AND BILL PAY

- ☐ Log on to Affinity Online Banking using your Member Number and temporary password, then set up your new password
- ☐ Enroll in Affinity Online Bill Pay and set up your payees. Need help setting up your payees? Just call us at 800-325-0808.
- ☐ Sign up for Online Statements by selecting the Online Services tab and clicking on Online Statements

SIGN UP FOR DIRECT DEPOSIT

- ☐ Complete the attached Direct Deposit Form to notify your employer, Social Security, pension, or any automatic depositor to redirect your paycheck or benefits to your Affinity account
- ☐ Include a voided check

REDIRECT YOUR AUTOMATIC PAYMENTS

- ☐ Notify your billing companies (such as your mortgage, utilities, auto, club/association memberships, investments, and credit cards) to automatically withdraw payments from your new Affinity account by either changing your billing preferences on their websites or completing the attached Redirect Automatic Payments Form

CLOSE YOUR OLD ACCOUNT

- ☐ Make sure all checks and withdrawals have cleared
- ☐ Remove all remaining funds from your old account and transfer to your new Affinity account
- ☐ Complete and send the Account Closing Form to your old bank, or visit a branch to close your old account

FOR FURTHER ASSISTANCE, INQUIRIES, OR TO LEARN ABOUT ADDITIONAL AFFINITY PRODUCTS AND SERVICES, CONTACT AFFINITY FEDERAL CREDIT UNION AT 800-325-0808, OR VISIT WWW.AFFINITYFCU.ORG





Please complete this form and submit it with a voided check to your employer, Social Security administrator, pension, or any automatic depositor to initiate the direct deposit of your paycheck or benefits. If you use your employer's direct deposit form, you will also need to provide a voided check. To change Social Security deposits, you can also visit www.ssa.gov/deposit/howtosign.htm or call the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778).

DIRECT DEPOSIT FORM

Employer/Depositor's Name				Date
Street Address	City	State	Zip	Phone Number

TO WHOM IT MAY CONCERN:

You are currently making direct deposits on my behalf to this account:

Old Bank/Other Financial Institution Name	Routing Number	Account Number
---	----------------	----------------

Please discontinue direct deposits to the old bank immediately and deposit my funds into the following account:

Affinity Federal Credit Union

New Financial Institution Name

73 Mountain View Boulevard	Basking Ridge	NJ	07920	800-325-0808
Street Address	City	State	Zip	Phone Number

221283512

ABA Routing Number	Account Number
--------------------	----------------

Savings / Checking (circle one)

\$

Amount Per Pay Period	Effective Payroll Date
-----------------------	------------------------

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

Phone Number

I hereby authorize the organization above to initiate deposit of my funds to my Affinity account. This authorization will remain effective until I provide written notice of change or cancellation to the originating organization.

Signature	Date
-----------	------

Name

Street Address	City	State	Zip
----------------	------	-------	-----

FOR FURTHER ASSISTANCE, CONTACT AFFINITY FEDERAL CREDIT UNION AT 800-325-0808, OR VISIT WWW.AFFINITYFCU.ORG



SWITCH KIT

Complete this form to redirect your automatic withdrawals to your Affinity Federal Credit Union account. Print and complete one form for each company that is currently making automatic withdrawals from your old account.

REDIRECT AUTOMATIC PAYMENTS FORM

Name of Company That Makes Automatic Withdrawals _____ Date _____

Street Address _____ City _____ State _____ Zip _____ Phone Number _____

TO WHOM IT MAY CONCERN:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis
for my _____ (what payment is for) from:

Old Bank/Other Financial Institution Name _____ Routing Number _____ Account Number, or Credit or Debit Card Number _____

Please discontinue withdrawals from the account listed above immediately and begin debiting the account below:

Affinity Federal Credit Union

New Financial Institution Name

73 Mountain View Boulevard _____ Basking Ridge _____ NJ _____ 07920 _____ 800-325-0808 _____
Street Address _____ City _____ State _____ Zip _____ Phone Number _____

221283512 _____
ABA Routing Number _____ Account Number _____

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

Phone Number

I hereby authorize the organization above to change my automatic payment effective _____.
This authorization will remain effective until I provide written notice of change or cancellation.

Signature _____ Date _____

Name

Street Address _____ City _____ State _____ Zip _____

FOR FURTHER ASSISTANCE, CONTACT AFFINITY FEDERAL CREDIT UNION AT 800-325-0808, OR VISIT WWW.AFFINITYFCU.ORG





SWITCH KIT

ACCOUNT CLOSING FORM

Old Bank/Other Financial Institution Name

Date

Street Address

City

State

Zip

Phone Number

TO WHOM IT MAY CONCERN:

Please accept this letter as authorization to close account # _____ at your institution and send a check for the remaining balance to my address below.

If you have any questions, please contact me during the day/evening (circle one) at _____.

I have verified that all outstanding payments and deposits have cleared before closing my account. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address:

Name

Street Address

City

State

Zip

FOR FURTHER ASSISTANCE, CONTACT AFFINITY FEDERAL CREDIT UNION AT 800-325-0808, OR VISIT WWW.AFFINITYFCU.ORG

