

Switch Kit

THE FORMS ON THE NEXT PAGE ARE FILLABLE

Position the cursor on the text field to type. After completing selected forms click the "print" button on the bottom of the page or use your software's print function.

If you prefer, print this document and complete the forms by hand.

Questions?

If you need assistance, please call us at 1-888-712-2265.

Changing financial institutions has never been easier...

Automatic Payment Checklist

- Mortgage or Rent
- Association Fees
- Internet Service
- Utilities: Electric, Gas, Water
- Phone Company
- Cable TV/Satellite
- Loans
- Credit Cards
- Club/Membership Dues
- Subscriptions
- Other

Direct Deposit Checklist

- Employer Deposit
- Government Deposit
- Social Security Administration
- Child Support/Alimony
- Brokerage Deposits
- CD Interest
- Other

Direct Deposits and Automatic Payments are an easy way to save yourself a trip to the bank, gain quick access to your income, and make payments automatically.

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Direct Deposit Change Notice

Please accept this as authorization to switch my direct deposit from:

Name of Current Financial Institution

to my new account with:

Academy Bank
2835 Briargate Blvd.
Colorado Springs, CO 80920
Phone 1-877-712-2265
Routing/ABA #: 1070-0148-1

New Account # _____

My Name

Street Address

City

State

Zip Code

Daytime Telephone Number

Please re-direct my deposits to my new account at Academy Bank beginning immediately.

X _____
Signature Date

Complete and submit this form to your employer. You can also use this form for other direct deposits, such as Social Security payments, child support, investments, etc. **Include a voided check or voided deposit slip from your new Academy Bank account.**



Automatic Payment Change Notice

Please accept this as authorization to redirect future automatic payments to my new account with:

Academy Bank
2835 Briargate Blvd.
Colorado Springs, CO 80920
Phone 1-877-712-2265
Routing/ABA #: 1070-0148-1

New Account # _____

Name of company making withdrawal (utility, mortgage, etc)

Account/Customer#

My Name

Street Address

City

State

Zip Code

Daytime Telephone Number

Please re-direct the debit to my new account at Academy Bank effective immediately.

X _____
Signature Date

Complete and submit this form to the company that receives your Automatic Payment, such as utility, mortgage, insurance, loans, etc. **Include a voided check or voided deposit slip from your new Academy Bank account.**



Account Closure Notice

Please accept this as authorization to close my account(s) at:

Name of Financial Institution

Account # _____

Account # _____

Account # _____

Account # _____

Please send me a check for the remaining balances to the address below:

My Name

Street Address

City

State

Zip Code

Daytime Telephone Number

I authorize the closing of my account(s). All my checks have cleared and all direct deposits and/or automatic payment withdrawals have been stopped.

X _____
Signature Date

Complete and submit this form to the Financial Institution closing your account. Make sure all direct deposits and automatic payments have switched to your new account before closing your old account.