Getting Started

Making the switch to better banking today!

You can make the move to Mid-Atlantic FCU in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Mid-Atlantic FCU, where you'll enjoy a better experience for all your banking needs!



Open your new account.

Apply online in minutes or visit your local branch to open your new Mid-Atlantic FCU account(s).

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Mid-Atlantic FCU.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Mid-Atlantic FCU.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Mid-Atlantic FCU account. Use one form for each direct deposit.

| Notification of Direct Deposit Authorization Change | | | | | Direct Deposit Checklist: Use this list to remember all |
|---|---------------------------------|----------------|-------------------------|---|--|
| Company or Employer: | | | | | t deposits you need |
| Address: | | | | to transfer. These are the most common direct deposits. | |
| City, State, Zip: | | | | Pa | ayroll |
| Phone Number: | | | | In | vestments |
| Employee ID: | | | | Re | etirement Plans |
| (if applicable) | | | | Sc | ocial Security |
| Effective immediately, pl | lease deposit the net amount o | f my check t | to my Mid-Atlantic FCU | | |
| account. I authorize (nar | ne of depositor) | | | | |
| to automatically deposit | funds into the account below. | This authoriz | zation shall remain in | | |
| place until I have submit | tted a new authorization, or un | til this autho | prization is changed or | | |
| revoked by me in writing | | | | | |
| Place an X next to your desi | red option. | | | | |
| Net amount | to Mid-Atlantic FCU CHECKING | | | | |
| Account # | | Routing # | 255077477 | | |
| Net amount | to Mid-Atlantic FCU SAVINGS | | | | |
| Account # | | Routing # | 255077477 | | |
| | | | | | |
| Signature: | | | Date: | | |
| Name: | | | | | |
| Address: | | | | | |
| City, State, Zip: | | | | | |
| Phone Number: | | | | | |
| none number. | | | | | |





Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Federally Insured by

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

| Notification of W | /ithdrawal Authorization Chang | ge | Automatic Withdrawal Checklist: |
|--------------------------|--|-----------|---|
| Name of Company: | | | Use this list to remember all your |
| Account Number: | | | automatic payments you need to transfer. These are some of the |
| Payment Amount: | | | most commonly used automatic payments. |
| Address: | | | Home Mortgage |
| City, State, Zip: | | | |
| Phone Number: | | | Auto Loans |
| | | | Utilities |
| Please cancel all autom | atic withdrawals from my old institution: | | Insurance |
| Financial Institution: | | | Cable/Internet |
| | | | Gym/Club Memberships |
| Account # | Bank Routing # | | Credit Cards |
| Please make all future a | utomatic withdrawals from my new institution | 1: | Investments |
| Financial Institution: | Mid-Atlantic FCU | | Subscriptions |
| Account # | Bank Routing # | 255077477 | Charity Donations |
| , loodant in | | 200077177 | |
| | ain in effect until I have submitted to you a new aut me in writing that this authorization has been chan | | |
| Signature: | C | Date: | |
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |



Account Closure Authorization

Federal Credit Union

You can authorize your remaining balance to be deposited automatically to your new Mid-Atlantic FCU account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

| Notification of A | Congratulations! | |
|---|---|--|
| To Whom It May Concerr Financial Institution: Address: City, State, Zip: | ו: | You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes. |
| Please close my account: Account Number: | Primary Owner: | Welcome to Mid-Atlantic FCU! |
| Address: City, State, Zip: | | |
| Please send the remainir Place an X next to your desi Please depos | | |
| Account # | Routing # 255077477 rd me a check to my address listed below. | |
| Primary Signature: Joint Signature: | Date: | |
| Name: Address: City, State, Zip: | | |
| Phone Number: | | |

