# **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 # <b>255077477</b> rd me a check to my address listed below.	
Primary Signature: Joint Signature:	Date:	
Name: Address: City, State, Zip:		
Phone Number:		

