



New Account Conversion Checklist

You may check the boxes next to the items you've completed (if any), and then print out and keep this checklist handy. As you complete items, simply check off the boxes on your printed copy.

Make sure all checks have cleared on your checking account

Make certain enough funds are available in your account to cover any automatic payments that may yet need to be withdrawn

Double check maturity dates if transferring a Certificate of Deposit in order to avoid possible penalties

Send written notice to your direct deposit vendors (payroll, social security, CD interest payments, etc.) of the change in your relationship*

Send written notice to your vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing the account*

Send notification of new account information to vendors who you want to continue to generate automatic withdrawals instead of paying by BillPay*; or use this notification to start a new automatic payment with a vendor

Send written notice to the financial institution that you are closing the account*

** A form is available in this Switch Kit for this purpose.*

Account Closing Request

TO:

FROM:

ADDRESS:

Please close the following account(s) with your institution:

Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other

Please send any funds remaining in these accounts to:

the address shown above

the following address:

Primary account holder signature _____

Secondary account holder signature _____

Date _____

Automatic Payment Authorization

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Union Name: *Rivertown Community FCU* Transit/ABA# *272486203*

Credit Union Address: *PO Box 249, Grandville, MI 49468-0249*

CU Account Number*: _____ checking account savings account

Vendor Account Number: _____

I (we) authorize (vendor name) _____ and Rivertown CFCU to initiate variable entries to my checking/savings. This authorization will remain in effect until I notify (prepopulate from blank #1) in writing to cancel it in such time as to afford (prepopulate from a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that (prepopulate from blank #1) retains its normal collection rights.

Signature: _____ Date: _____

Second Signature (if joint account): _____

*Include voided check or deposit slip with this form when sending to vendor

Dear

I am writing to inform you of a change in my banking relationship concerning my account number

I currently have my _____ payment automatically withdrawn from my checking/savings
account # _____ from _____ Bank on the _____ of the
month. I would like to cancel these monthly transactions, and submit this letter as written notification of
that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction.
Therefore, I expect the last transaction to be the one dated _____.

Thank your for your prompt attention to this request.

Sincerely,

Dear

I am writing to inform you of a change in my banking relationship concerning my account number .

I currently have my payment automatically withdrawn from my checking/savings account # at Bank on the of the month. I would like to transfer these monthly transactions to my new financial institution, Rivertown Community FCU, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction from Bank to be the one dated and the first one from Rivertown Community FCU to be dated . Thank you for your prompt attention to this request. I have enclosed an automatic payment authorization form that includes the information necessary for you to begin withdrawals from my Rivertown Community FCU account.

Sincerely,

Enc: 1

Authorization Agreement for Rivertown Community FCU Direct Deposit

Please review and complete the following information. Return this form to your employer's human resources office.

Direct Deposit Authorization

Name		SSN
Address (street)		
City	State	Zip
Company Name		
Company Address		
Company City	State	Zip

Deposit Instructions

Deposit entire amount to checking account

Account No.

Deposit \$ to savings

Account No.

and remaining amount to checking account No.

Rivertown Community FCU
Grandville, MI 49468-0249
Transit/ABA# 272486203

Signature

I hereby authorize:

- Above listed entity to initiate credit or debit entries if necessary, to correct any credit entries made in error, to my checking or savings account at Rivertown Community FCU.
- Rivertown Community FCU to credit and/or debit entries to my account(s).
- This authorization to remain in full force and effect until I send a written notice of change or cancellation.

Your Signature _____ Date _____

DIRECT DEPOSIT
CHANGE REQUEST

To:

From:

RE: Change of direct deposit routing

Please discontinue sending my automatic direct deposit to account # _____ and/or
with _____.

Please begin sending the same deposit to Rivertown Community FCU. RCFCU's routing information is:
Rivertown Community Federal Credit Union
Grandville, MI 49468-0249
Transit/ABA# 272486203

Deposit instructions:

Deposit entire amount to checking account number

Deposit \$ _____ to savings account number _____ and the

remainder to checking account # _____

I authorize:

- Above listed entity to initiate deposit of my funds to my Rivertown Community FCU checking or savings account
- Rivertown Community FCU to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation

Signature _____

Date _____

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel, such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
		DOLLARS
MEMO _____		
<input type="text" value="123456789"/>	<input type="text" value="0123456789"/>	0001
Routing Number	Account Number	

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.