

Switch Kit – Account Transfer Request

Complete this form and provide it to your current financial institution.

Date _____

Your Information:

(Name)

(Social Security No.)

(Co-Owner/Applicant)

(Co-Owner/Applicant Social Security No.)

(Street Address)

(City, State and Zip)

(Daytime Phone)

Transfer My Account FROM:

(Name of Financial Institution)

(Street Address)

(City, State and Zip)

(Existing Account Number)

- Please close my account and send the entire account balance to me at the address noted above.
- Please close my account and send the entire account balance to:

Tongass Federal Credit Union
2000 Tongass Ave.
Ketchikan, AK 99901

Please reference **Account No.** _____

I hereby direct you to complete the requested transfer from my existing account.

(Authorized Signature) (Date)

(Co-Owner's Signature) (Date)

(Notary) (Date)

Please maintain a balance in your account to cover any outstanding debits and credits. Tongass Federal Credit Union is not responsible for overdraft charges incurred for insufficient funds.

Switch Kit – Direct Deposits

Provide this form to each company that initiates deposits directly into your account(s).

Employer and/or Company Information:

(Name)

(Address)

Your Information:

(Name)

(Social Security No. and/or Employee Number)

(Street Address)

(City, State and Zip)

(Daytime Phone)

New Direct Deposit Information:

Tongass Federal Credit Union
(Name of Financial Institution)
2000 Tongass Ave., Ketchikan, AK 99901
(Address)

325272306
(Tongass Federal Credit Union Routing Number)

Please deposit my payroll according to the following:

Savings Account No. _____

Net Pay \$ _____ per pay period

Checking Account No. _____

Net Pay \$ _____ per pay period

I hereby authorize the above named to deposit my net paycheck or other distribution as indicated above. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount or then current salary may then be withdrawn without liability or prior notice. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. Tongass Federal Credit Union is not responsible for overdraft charges incurred for insufficient funds.

Switch Kit - Automatic Payments

Complete this form and provide it to each company that automatically deducts payments from your account(s).

Company Information:

(Name)

(Address)

Your Information:

(Name)

(Street Address)

(City, State and Zip)

(Account Number) (Daytime Phone)

I have recently changed financial institutions and would like to have my automatic payment(s) with your company changed to my new account. Please discontinue debiting my previous account and begin making automatic withdrawals from my Tongass Federal Credit Union Account according to the following information:

Tongass Federal Credit Union
(Name of Financial Institution)

2000 Tongass Ave., Ketchikan, AK 99901
(Address)

325272306
(Tongass Federal Credit Union Routing Number)

Savings Account No. _____

Checking Account No. _____

Date(s) or Frequency of Payment _____

Amount Due Specific Amount

\$ _____

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed above. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. Tongass Federal Credit Union is not responsible for overdraft charges incurred for insufficient funds.

