

Alabama ONE[®]

One.Together.

SWITCH KIT

STEP 1: CHECKLIST

- _____ Open membership with Alabama ONE.
- _____ Stop using your previous checking account. Allow time for any outstanding checks, final direct deposits and/or automatic withdrawals to clear, and make certain enough funds are available in your account to cover these transactions.
- _____ Send written notice to your direct deposit vendors (payroll, social security, certificate interest payments, etc.) of the change in your relationship. *
- _____ Send written notice to your vendor who automatically takes your payments from your checking account (utilities, insurance companies, internet service providers, banks, etc.) that you are closing your account with the current financial institution, and provide them with your new information. *
- _____ Send a written notice to the financial institution that you are closing the account. *

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

STEP 2: DIRECT DEPOSIT CHANGE REQUEST

Date: _____

To: _____
COMPANY MAKING DIRECT DEPOSIT

COMPANY ADDRESS

CITY/STATE/ZIP

To whom it may concern: Please discontinue sending my automatic direct deposit to the following:

ACCOUNT NUMBER

FINANCIAL INSTITUTION

Please begin sending the same direct deposit to Alabama ONE.

CREDIT UNION'S ROUTING NUMBER _____ **262277189**

MY CREDIT UNION ACCOUNT NUMBER _____

If you have any questions about this request, please use my information provided below.

SIGNATURE

NAME (PLEASE PRINT)

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

Alabama ONE[®]
One. Together.

STEP 3: ACCOUNT CLOSING REQUEST

Date: _____

To: _____
NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY/STATE/ZIP

To whom it may concern: Please close the following account with your institution and send a check and a copy of this form to the address provided below. Please reference the account number provided.

ACCOUNT NUMBER TO BE CLOSED

ALABAMA ONE
1215 VETERANS MEMORIAL PARKWAY
TUSCALOOSA, ALABAMA 35404

MY NEW CREDIT UNION ACCOUNT NUMBER

If you have any questions about this request, please use my information provided below.

SIGNATURE

NAME (PLEASE PRINT)

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

Alabama ONE[®]
One. Together.

STEP 4: AUTOMATIC PAYMENT AUTHORIZATION

Date: _____

To: _____
COMPANY PULLING FUNDS

ADDRESS

CITY/STATE/ZIP

To whom it may concern: I have recently switched to Alabama ONE. You are currently withdrawing on a once monthly basis, funds totaling \$ _____ from my old account.

PREVIOUS FINANCIAL INSTITUTION

PREVIOUS FINANCIAL INSTITUTION'S ROUTING NUMBER

PREVIOUS ACCOUNT NUMBER

Please stop pulling these funds on ____ / ____ / ____ (MM/DD/YY) and begin pulling funds from my Credit Union account.

CREDIT UNION'S ROUTING NUMBER 262277189

MY CREDIT UNION ACCOUNT NUMBER _____

If you have any questions about this request, please use my information provided below.

SIGNATURE

NAME (PLEASE PRINT)

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

Alabama ONE[®]
One.Together.

Incomplete forms will not be completed by Alabama ONE. If an account number is needed, please contact Alabama ONE at 800.225.0110.