Getting Started

Making the switch to better banking today!

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

Open your new account.

Apply online in minutes or visit your local center to open your new Centric account(s).

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Centric.

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 Centric.





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 Centric account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change			Direct Deposit Checklist:
Company or Employer: Address:			Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.
City, State, Zip:			Payroll
Phone Number:			Investments
Employee ID: <i>(if applicable)</i>			Retirement Plans Social Security
Effective immediately, plea	ase deposit the net amount of my check	to my Centric account.	
I authorize (name of depos	sitor)		
	inds into the account below. This autho		
	ed a new authorization, or until this auth	norization is changed or	
revoked by me in writing.			
Place an X next to your desi	red option.		
Net amount to	o Centric CHECKING		
Account #	Routing	# 111193550	
Net amount to	o Centric SAVINGS		
Account #	Routing	# 111193550	
Signature:		Date:	
Name:			
Address:			
City, State, Zip:			
Phone 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.

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 V	Withdrawal Authorization Change	Automatic Withdrawal Checklist:
Name of Company:		Use this list to remember all your
Account Number:		automatic payments you need to
Payment Amount:		transfer. These are some of the most commonly used automatic payments.
Address:		Home Mortgage
City, State, Zip:		Auto Loans
Phone Number:		
		Utilities
Please change my autor	matic withdrawal from the following account:	Insurance
Financial Institution:		Cable/Internet
A +	David Davidin er H	Gym/Club Memberships
Account #	Bank Routing #	Credit Cards
Please make all future a	automatic withdrawals from the following account:	Investments
Financial Institution:	Centric Federal Credit Union	Subscriptions
Account #	Bank Routing # 111193550	Charity Donations
Thank you very much	1.	
	nain in effect until I have submitted to you a new authorization, or u me in writing that this authorization has been changed or revoked.	ntil
Signature:	Date:	
Name:		
Address:		
City, State, Zip:		
Phone Number:		





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Centric 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 Account Closure Authorization		Congratulations!
To Whom It May Conce Financial Institution: Address: City, State, Zip:		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. Welcome to Centric FCU!
Please close my accou	nt:	
Account Number:	Primary Owner:	
Address:		
City, State, Zip:		
Account #		
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		

