

Switching Your Account is Now Easier Than Ever!

With our simple *Switch Kit* guide, we take the worry out of changing financial institutions. Moving your accounts to Austin Telco Federal Credit Union is fast, simple and convenient.

Complete the following forms:

- 1. Authorization to Transfer Funds** - Complete and submit this form to your previous financial institution. This will instruct them to transfer any remaining balances to your ATFCU account.
- 2. Direct Deposit Request** - Complete and submit this form to your employer. This authorizes your employer to deposit the amount(s) you indicate into your ATFCU account.
- 3. Electronic Payment Change Request** - Complete and submit this form to the merchants and service providers with which you have automatic payments charged from your account. This will instruct them to update your account information. This may include: Mortgages, Cable, Phone, Gym Memberships, Loans, Insurance, Internet, Gas, Electric, Water, Pest Control, Yard Maintenance, Court-Issued Payments, Account Transfers.

If you have any questions regarding your account, please contact our bookkeeping department by calling 512.302.5555, ext. 7190. Visit any one of our Austin Metro locations or check us out online at WWW.ATFCU.ORG to learn more about our products or services and over 300+ free ATM locations.

We remain steadfast in our commitment to anticipate and meet the financial needs of our members, as well as making a positive difference in their lives and the community, both today and tomorrow.

Thank you for choosing Austin Telco Federal Credit Union!



Authorization to Transfer Funds

Austin Telco Federal Credit Union Account Information

Owner Name _____
Account Number _____
Joint Owner _____

Transfer Account Funds From

Financial Institution Name _____
Account Number _____
Address _____
City/State/Zip _____ Phone _____

Instructions to Transferring Institution (check all that apply)

- Transfer all funds and close my account.
- Transfer exactly \$ _____.
- Transfer the funds immediately.
- Transfer funds on the following date: _____.
- Other _____

Please accept this letter as my authorization to transfer funds from the above named account to:

Austin Telco Federal Credit Union
8929 Shoal Creek Blvd, Austin, TX 78757

Austin Telco Federal Credit Union Routing Number **314977175**

Please make the check payable to Austin Telco Federal Credit Union and note on the check that it is for deposit to my Austin Telco Account # _____.

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

Austin Telco Federal Credit Union utilizes the Federal Reserve Wire Transfer program to allow members to quickly and conveniently electronically transfer funds between financial institutions. For Wiring Instructions please visit WWW.ATFCU.ORG



Direct Deposit Request

Date _____ Employee Number _____
Employee Name _____
Name of Employer _____
Employer Address _____

New Financial Institution
Austin Telco Federal Credit Union
8929 Shoal Creek Blvd., Austin, TX 78757

New Financial Institution Routing Number **314977175**

New Financial Institution Account Number _____

Payroll Number _____ Effective/Start Date _____

<input type="checkbox"/> Checking	[ACCT #] _____	[AMT] \$ _____	<input type="checkbox"/> Weekly
<input type="checkbox"/> Savings	[ACCT #] _____	[AMT] \$ _____	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> Other _____	[ACCT #] _____	[AMT] \$ _____	<input type="checkbox"/> Monthly
<input type="checkbox"/> Net Check			<input type="checkbox"/> Semi-Monthly

I hereby authorize and request the employer named above to deposit the amounts indicated to Austin Telco Federal Credit Union for each payroll period beginning on the effective/start date indicated above and until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature _____ Date _____

Please note: Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.



Electronic Payment Change Request

Name of Payee/Merchant _____
Payee Merchant Address _____
Account Number _____ Amount of Payment \$ _____
Phone _____ Date _____

I hereby authorize and request that my electronic payment from:

Account Number _____ at _____ (previous financial institution)

Be changed to:

Austin Telco Federal Credit Union
8929 Shoal Creek Blvd., Austin, TX 78757

ATFCU Routing Number **314977175**

Checking **Savings**

Austin Telco Federal Credit Union Account Number _____

I authorize this change in electronic payment effective (date) _____

Signature _____ Date _____

