



Switch Kit Checklist

Open your account at Central Credit Union.

Visit any one of our branch locations with a valid government issued photo ID, proof of social security number, proof of residency, and your \$25 initial deposit to establish membership.

Gather Information

Have all your account information on hand including routing and account numbers. Review your account statements to identify all form(s) of automatic payments to and withdrawals from your former account. Make certain funds are available in your old account to cover these transactions.

Transfer Direct Deposits (Complete [Direct Deposit Authorization Form](#))

Send written notices to companies or organizations with which you have direct deposit notifying them that you want to switch your direct deposits to your new Central Credit Union account. Deposits may include: employer deposits/paychecks, government checks/tax refunds, pension benefits, social security benefits, child support or court ordered deposits, etc.

Change Automatic Withdrawals (Complete [Authorization to Change Automatic Payment Form](#))

Send written notices to the companies or organizations that are automatically deducting payments from your account notifying them of your new account. Withdrawals may include: insurance, mortgage/rent, telephone, electricity, gas, water, investments, auto loans, cable/satellite, credit cards, clubs/associations, charitable causes, internet services, etc.

Close Your Old Account (Complete [Authorization to Close Account Form](#))

Once your last check, automatic withdrawal, and/or automatic payment has cleared, you are ready to close your old account and destroy all remaining checks, ATM/debit cards, and deposit slips. Please let us know if you would like us to assist you with closing your old account by notarizing and mailing the form for you.

Direct Deposit Authorization

Date: _____

(Employer or other Depositor's Name)

(Address)

(City/State, Zip Code)

To Whom It May Concern:

You are currently depositing

My Entire Paycheck

Part of My Paycheck \$ _____

To the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Effective _____ (date or "immediately"), please stop making deposits to the above account and instead **send them to:**

Central Credit Union of Florida

Routing Number: 263281750

Checking Account Number: _____ Amount \$ _____
(13 digit # on the bottom of your check)

I hereby authorize my employer or the addressee to initiate entries to my account as indicated above. If funds that I am not entitled to are deposited into my account, I authorize the addressee to direct my financial institution to return said funds. The authorization is to remain in effect until the company has received timely written notice from me of termination or until the company has sent me ten days written notice of termination of this agreement. I understand I am responsible for the validity of the information on this form.

Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

I have included the following information you may need to process this request:

Social Security Number: _____ (last 4 digits only)

Voided Check

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Authorization to Change Automatic Payment

Date: _____

(Name of company who makes automatic withdrawals)

(Address)

(City/State, Zip Code)

To Whom It May Concern:

You are currently withdrawing \$ _____ to pay for account number _____ on
(amount or balance due) (company account #)

_____ from the following account:
(date or frequency)

Financial institution Name: _____

Routing Number: _____

Account Number: _____

Please stop making withdrawals from the above account.

Effective _____ (date or "immediately"), please cancel all automatic withdrawals. I will use bill pay or send you a check to make future payments.

Effective _____ (date or "immediately"), please start making automatic withdrawals from my new account:

Central Credit Union of Florida

Routing Number: 263281750

Checking Account Number: _____
(13 digit # on the bottom of your check)

If you have questions about this request, please contact me.

Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

I have included the following information you may need to process this request:

Social Security Number: _____ (last 4 digits only)

Voided Check

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Authorization to Close Account

Date: _____

(Bank/Other Financial Institution)

(Address)

(City/State, Zip Code)

To Whom It May Concern:

Effective _____ (date or "immediately")

Please close my account:

Account Number(s): _____

Account Name: _____

Joint Account Name: _____ (if applicable)

Please send my remaining balance:

To my new financial institution:

Central Credit Union of Florida
P.O. Box 17048, Pensacola, FL 32522-7048
Routing Number: 263281750
Checking Account Number: _____

Directly to me/us at the following address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you have questions about this request, please contact me at:

Daytime Phone Number(s): _____

Primary Account Holder:

Joint Account Holder:

Signature

Signature

Print Name

Print Name

Date

Date

Signed Before me, a Notary Public, this ____ day of _____, 20__

Signature

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