Getting Started

Making the switch to better banking today!

You can make the move to Arcadia 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 Arcadia Credit Union, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit our office to open your new Arcadia Credit Union account(s).

Switch your direct deposits and automatic withdrawals.

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

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 Arcadia Credit Union.







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 Arcadia Credit Union account. Use one form for each direct deposit.

Notification of D	Direct Deposit Checklist:			
Company or Employer:				Use this list to remember all your direct deposits you need
Address:				to transfer. These are the most common direct deposits.
City, State, Zip:				Payroll
Phone Number:				Investments
Employee ID:				Retirement Plans
<i>(if applicable)</i>				Social Security
Effective immediately, pl	ease deposit the net amount of	f my check	to my Arcadia Credit	
Union account. I authoria	e (name of depositor)			
to automatically deposit	funds into the account below.	This authori	zation shall remain in	
place until I have submit	ted a new authorization, or unt	til this autho	prization is changed or	
revoked by me in writing				
Place an X next to your de	sired option.			
Net amount	to Arcadia Credit Union CHEC	KING		
Account #		Routing #	291580151	
Net amount	to Arcadia Credit Union SAVIN	IGS		
Account #		Routing #	291580151	
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 Withdrawal Authorization Change					matic Withdrawal klist:
Name of Company:					nis list to remember all your
Account Number:				autom	atic payments you need to
Payment Amount:					er. These are some of the commonly used automatic
Address:					
City, State, Zip:					Home Mortgage
Phone Number:					Auto Loans
Thone Number.					Utilities
Please cancel all autom	atic withdrawals from my old in s	stitution			Insurance
Financial Institution:				1.1.4	Cable/Internet
					Gym/Club Memberships
Account #	Ban	k Routing #			Credit Cards
Please make all future a	utomatic withdrawals from my	new institution:		_	Investments
Financial Institution:	Arcadia Credit Union				Subscriptions
Account #	Ban	k Routing #	291580151		Charity Donations
	nain in effect until I have submitt me in writing that this authorizad	-		,	
Signature:		D	ate:		







Name:

Address:

City, State, Zip:

Phone Number:

Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Arcadia Credit Union 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 A	Congratulations!	
To Whom It May Conce Financial Institution: Address: City, State, Zip:	rn:	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 Arcadia Credit Union!
Please close my accour Account Number:	nt: Primary Owner:	
Address: City, State, Zip:		
Please send the remain Place an X next to your desi Please depo		
Account #	Routing # 291580151	
Primary Signature: Joint Signature:	Date:	
Name: Address:		
City, State, Zip: Phone Number:		



