



Switch Form

Financial Institution _____

Address _____

City _____ State _____ ZIP _____

Account Number _____

Name and address of account holder ... _____

Member Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone# _____

Please accept this form as authorization to mail all funds now on deposit in this account and close the account. Please include SEFCU account number on check.

Account Holder Signature _____ SEFCU account# _____

Send funds to: SEFCU
P.O. Box 12189
Albany, NY 12212

Direct Deposit and/or Automatic Payment Debit Change Notice

Please accept this notice as permission to switch my:

- Direct deposit funds and/or
 Electronic Debits from _____ to my checking account at SEFCU
 effective _____, (name of current financial institution)

SEFCU Routing/ABA - 221373383
 P.O. Box 12189
 Albany, NY 12212
 My SEFCU account number: _____

I understand there may be additional forms to complete in order to make this change.

Name (please print) _____ Joint Owner Signature _____
 Signature _____ (if applicable)
 Date _____

If additional information is needed, please contact me during the day at _____

Please note that your employer may require additional paperwork to change your direct deposit to your new account at SEFCU.

It is important to note that it can take up to two billing or pay periods for companies to switch automatic payments, deductions, and direct deposit to your new checking account.