

(return to ACCU)

Open A Checking Account

Open a checking account today!

Please fill out, sign and mail to: ACCU, 2100 E. Route 66, P.O. Box 5100, Glendora, CA 91740

Name _____ E-mail Address _____

Member Number _____ Daytime Number _____

*All current authorized signers on the account agree to share draft terms and conditions as specified in the All About Your Account disclosure.

Signature* _____ Date: _____

Signature* _____ Date: _____

Signature* _____ Date: _____

To open my account please transfer \$ _____ from account # _____ - _____ or enclosed is my deposit in the amount of \$ _____.
Suffix

By submitting your request, you will also be receiving a READYCHEK Debit/ATM card to access your money, and you are also agreeing that your applications will be processed for overdraft protection (on approved credit).

Automated Services

ReadyCheck Debit/ATM Card. Number of cards requested: _____

Overdraft Protection Credit Line Requested: _____ Annual Income: _____

(Unless otherwise requested, a credit limit of \$1,000 will be included in your checking package, On Approved Credit.)

To order checks, complete ONLY the information you want printed on your checks.

Check Ordering Information

Name 1 _____

Name 2 (optional) _____

Address _____

City _____ State _____ Zip Code _____

Phone (optional) _____

Starting check number for this box of checks _____



Account Closeout Checklist

(keep this in your files)

As each step of the checklist is completed it is important that you acknowledge with your initials. If a certain item doesn't apply, simply draw a line through it. When the entire process is completed, date and sign at the bottom. Keep this in your files for at least three months in case questions arise.

Member's Name _____ Phone # _____

Credit Union Member # _____ Date _____

Institution Transferring Account From _____

Determine the account balance being transferred to the credit union, according to member.

Balance: \$ _____

Amount of outstanding transactions/checks: Check # _____ Amount _____

Check # _____ Amount _____

Check # _____ Amount _____

Check # _____ Amount _____

Check # _____ Amount _____

Check # _____ Amount _____

Amount to remain in previous account should be equal to or more than outstanding transactions.

\$ _____

Amount available to open credit union account: \$ _____

_____ Complete Direct Deposit ACH Authorization form for each payee. Follow the instructions on the form.

_____ Member signature on each form.

_____ Mail the forms immediately. Date Mailed: _____

_____ Keep copies of each form in your "to do" list to remind you to follow-up until all debits and credits have taken place in the new credit union account.

Follow-up on a weekly basis until all funds have been received and all debits have posted to the new credit union account, at least once. Fill in the type transaction and record the date received at the credit union.

_____ Date Received at ACCU: _____

_____ Date Received at ACCU: _____

_____ Date Received at ACCU: _____

_____ Date Received at ACCU: _____

All transfers complete on: _____ By: _____

(Member's Signature)

Change Payroll Direct Deposit

(give to your payroll dept.)

Date _____

Employer/Depositor Name _____

Address _____

City, State, Zip _____

To Whom it May Concern:

You are currently depositing MY ENTIRE PAYCHECK / PART OF MY PAYCHECK (*circle one*) to the following account:

Old Financial Institution: _____

Account Number: _____

Please stop deposits from the above account and instead send them to my new account at:

America's Christian Credit Union

Routing Number: 322283767

Member Number: _____

- Checking
- Savings

Effective Date: _____

If you have any questions regarding this request, please contact me during the DAY / EVENING (*circle one*) at (_____) _____ (*phone number*).

Thank you.

Sincerely,

Signature _____

Name (*please print*) _____

Address _____

City, State, Zip _____

Other Important Information They May Need (*SSN, Employee ID, etc.*) _____

Change Automatic Withdrawal Payment

(send to company making withdrawals)

Date _____

Name Of Company That Makes Automatic Withdrawal

Address

City, State, Zip

To Whom it May Concern:

You are currently withdrawing \$ _____ (amount),
for my _____ (what payment is for),
_____ (account or other identifying number), on _____ (when),
from the following account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please stop withdrawals from the above account and instead make them from:

America's Christian Credit Union

Routing Number: 322283767

Account Number: _____

Checking

Savings

Effective Date: _____

If you have any questions regarding this request, please contact me during the DAY / EVENING (circle one)
at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Important Information They May Need (SSN, Employee ID, etc.)

Request to Close Account

(mail or take to old financial institution)

Date _____

Name Of Financial Institution

Address

City, State, Zip

To Whom it May Concern:

Please close my account(s) _____ *(account number)*

_____ *(account number)*

_____ *(account number)*

and send a check for the remaining balance to me at the address listed below.

If you have any questions regarding this request, please contact me during the **DAY / EVENING** *(circle one)*
at (_____) _____ *(phone number)*.

Thank you.

Sincerely,

Signature

Name *(please print)*

Address

City, State, Zip

Co-Signer Signature

Co-Signer Name *(please print)*