

Making the SWITCH



1. Direct Deposit Change Notice

Complete and submit this form to the payroll department of the company or organization that is depositing funds to your existing checking account. You may be required to complete additional forms from you company or organization.

Name _____

Social Security Number _____

Employer _____

Phone # _____

Address _____

City _____ State _____ Zip _____

Previous Financial Institution Information:

Institution _____

Account # _____

Address _____

City _____ State _____ Zip _____

NEW Financial Institution Information:

Premiersource Federal Credit Union
232 North Main Street | East Longmeadow, MA 01028
Tel: (413) 525-2002 | Fax: (413) 525-0005

Routing #: 2112-85810

Member #: _____

Signature (Primary Owner) _____ Date _____

Credit Union Authorized Signature _____ Date _____

2. Automatic Payment Change Notice

Complete and submit this form to all creditors that are automatically taking payments from your checking account. You may be required to complete additional forms if there is more than one creditor. Please make copies of this form if necessary.

Name _____

Social Security Number _____

Employer _____

Phone # _____

Address _____

City _____ State _____ Zip _____

Previous Financial Institution Information:

Institution _____

Account # _____

Address _____

City _____ State _____ Zip _____

NEW Financial Institution Information:

Premiersource Federal Credit Union
232 North Main Street | East Longmeadow, MA 01028
Tel: (413) 525-2002 | Fax: (413) 525-0005

I hereby authorize you to redirect future automatic payment withdrawals from my NEW PSFCU Checking Account.

Effective: _____

Signature (Primary Owner) _____ Date _____

3. Checking Account Closure Notice

Once your direct deposit and/or automatic payments start coming to your PSFCU Checking Account AND you know all of your checks have cleared your existing checking account, complete and mail this form to your previous financial institution.

Name _____

Social Security Number _____

Joint Owner Name (If applicable) _____

Phone # _____

Previous Financial Institution Information:

Institution _____

Account # _____

Address _____

City _____ State _____ Zip _____

Please make check for the remaining balance for deposit only payable to:

Name: _____

Acct. #: _____

Mail to: **Premiersource** Federal Credit Union
232 North Main Street
East Longmeadow, MA 01028

IMPORTANT ~ READ BEFORE SIGNING

I hereby authorize the closure of my checking account. I certify that all of my checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped.

Signature (Primary Owner) _____ Date _____