



IT'S EASY TO MAKE THE SWITCH

Altra Federal Credit Union Switch Kit

Altra
Federal Credit Union



Direct Deposit Transfer Request Form

Establish or switch your direct deposits from your old account to your new Altra checking account with our Direct Deposit form. Complete and send it to the company(s) that make the Direct Deposit into your account, including your employer, your retirement or pension plan, and government direct deposits. Call **1-800-333-1795** or visit **GoDirect.org** to set up direct deposit for Social Security payments.

Employer/Depositor Name _____

Address: _____

City, State, Zip: _____

Telephone: _____

To Whom It May Concern:

You are currently electronically depositing funds to the following account:

Financial Institution: _____

Routing Transit Number: _____ Account Number: _____

Please stop depositing to the above account and begin depositing to the account listed below.

New Account Information:

Financial Institution: **Altra Federal Credit Union** Account Type: Checking Savings

Routing Transit Number: **291881216** 10-Digit Account Number: _____

Sincerely,

Name (Please Print): _____

Signature: _____

Address: _____

City, St, Zip: _____

Phone: _____



Automatic Payment Request Form

Fill out and send the Automatic Payment Transfer Form to each merchant/payee you currently have withdrawals or payments that are automatically made from your old account. Don't forget to change payments that use your debit card number, such as an automatic payments made online.

Merchant/Payee Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ for the payment of my _____
(payment amount) (type of payment)

on the _____ of each month from the account listed below:
(day)

Financial Institution: _____

Routing Transit Number: _____ Account Number: _____

Please stop withdrawing from the above account upon receiving this letter and begin to withdraw from the account listed below.

Financial Institution: **Altra Federal Credit Union** Account Type: Checking Savings

Routing Transit Number: **291881216** 10-Digit Altra Account Number: _____

If you have any questions concerning this request, please contact me.

Sincerely,

Name (Please Print): _____

Signature: _____

Address: _____

City, St, Zip: _____

Phone: _____



Close Account Request Form

Once your last check, automatic deposits/withdrawals, and automatic payments have cleared, you are ready to close your former account. Print and complete this form, and mail it to your current financial institution.

Financial Institution Name: _____

Address: _____

City, State, Zip: _____

To Whom It May Concern:

Please close my account _____ and forward the funds remaining in my account to:

Altra Federal Credit Union

1700 Oak Forest Dr., Onalaska, WI 54650

Routing Transit Number: 291881216

My Altra 10-Digit Account number is: _____ **Account Type:** **Checking** **Savings**

Thank you for your assistance.

Sincerely,

Name (Please Print): _____

Signature: _____

Address: _____

City, St, Zip: _____

Phone: _____

Joint Owner - if applicable (Please Print): _____

Joint Owner Signature - if applicable: _____

Date: _____