



Switch to 

# Better Banking



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## 3 Easy Steps to Switch to AHCU

**1.**



**2.**



**3.**

*Open your  
new account.*

*Switch your direct  
deposits & automatic  
withdrawals*

*Close your old  
account*

## *Start Your Switch Today!*



**ASSOCIATED  
HEALTHCARE**  
Credit Union

## Notification of Direct Deposit Authorization Change

Company or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Notification of Direct Deposit Authorization Change

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Effective immediately, please deposit the net amount of my check to my AHCU account.

I authorize (name of depositor) \_\_\_\_\_ to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place a ✓ next to your desired option:

Net amount to AHCU checking Account number: \_\_\_\_\_ Routing number: 296076385

Net amount to AHCU savings: Account number: \_\_\_\_\_ Routing number: 296076385

Signature: \_\_\_\_\_



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## Notification of Withdrawal Authorization Change

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date:

Name of Company: \_\_\_\_\_

Account Number: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please change my automatic withdrawal from the following account:

Financial Institution: \_\_\_\_\_

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Please make all future automatic withdrawals from the following account:

Financial Institution: AHCU

Account # \_\_\_\_\_ Bank Routing # 296076385



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## Notification of Account Closure Authorization

To Whom It May Concern: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please close my account: \_\_\_\_\_

Account Number: \_\_\_\_\_ Primary Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please send the remaining balance to: \_\_\_\_\_

Place a ✓ next to your desired option.

Please deposit directly to my new account at AHCU.

Account # \_\_\_\_\_ Routing # 296076385

Please forward me a check to my address listed below.

Primary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_