



MAIN OFFICE
2901 Military Road
Niagara Falls, NY 14304-1251

BRANCH OFFICE
160 Ward Road
North Tonawanda, NY 14120

Phone: 716-297-5944 • Fax: 716-297-6074
Web: www.greaterniagarafcu.org

You Are About To Save Some Money!

Thank you for opening your checking account with Greater Niagara FCU. The information in this Switch Kit will make the transition from where your checking account currently is to your new credit union account.

- To advise anyone who is making automatic withdrawals from your current checking account to begin taking them from your credit union checking account, complete the **Change Notice: Automatic Withdrawal** form.
- To advise any company, business or government agency making direct deposits into your current checking account to begin making them into your credit union checking account, complete the **Change Notice: Direct Deposit** form.
- To advise the bank to close your current checking account, complete the **Notice To Close Checking Account** form.

NOTE: Do not close the account until all the checks you have written have cleared and until you confirm any automatic deposits and/or withdrawals have been switched to your credit union account.

If you need any assistance, please give us a call at (716) 297-5944.



MAIN OFFICE
2901 Military Road
Niagara Falls, NY 14304-1251

BRANCH OFFICE
160 Ward Road
North Tonawanda, NY 14120

Phone: 716-297-5944 • Fax: 716-297-6074
Web: www.greaterniagarafcu.org

Change Notice: Automatic Withdrawal

Print as many copies of this form as needed.

To: _____

Name of business that makes automatic withdrawal (i.e. car payment, utility bill, etc.)

Attention: _____

(If you have a contact name, include here.)

Street Address: _____

City: _____ State: _____ Zip: _____

You currently automatically withdraw \$ _____ Per week, bi-weekly or monthly from the financial institution listed below for my _____

Enter reason here for withdrawal: Auto Loan, Electric, Etc.

My account number with you is: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

My Financial Institution Account Number: _____

Effective immediately discontinue making the withdrawal from the above referenced financial institution and begin making the withdrawal from:

Greater Niagara FCU

2901 Military Road

Niagara Falls, New York 14304

Phone: 716-297-5944

Fax: 716-297-6074

Routing Number: **222381439**

Account Number: _____

(Enter your GNFCU checking account number.)

If you have any questions, please call me at: _____ (daytime) or _____ (evening).

This change is authorized by:

Signature: _____ Date: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____



MAIN OFFICE
2901 Military Road
Niagara Falls, NY 14304-1251

BRANCH OFFICE
160 Ward Road
North Tonawanda, NY 14120

Phone: 716-297-5944 • Fax: 716-297-6074
Web: www.greaterniagarafcu.org

Change Notice: Direct Deposit

Print as many copies of this form as needed.

To: _____

Name of business that makes automatic withdrawal (i.e. car payment, utility bill, etc.)

Attention: _____

(If you have a contact name, include here.)

Street Address: _____

City: _____ State: _____ Zip: _____

I currently automatically deposit all or part of my:

Social Security Check Retirement Check Payroll Check Other Check

to the following account:

My account number with you is: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

My Financial Institution Account Number: _____

**Effective immediately discontinue making the deposit into the above
referenced financial institution and begin to make the deposit to:**

Greater Niagara FCU

2901 Military Road

Niagara Falls, New York 14304

Phone: 716-297-5944

Fax: 716-297-6074

Routing Number: **222381439**

Account Number: _____

(Enter your GNFCU checking account number.)

If you have any questions, please call me at: _____ (daytime) or _____ (evening).

This change is authorized by:

Signature: _____ Date: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Notice To Close Checking Account

To: _____

Attention: _____

(If you have a contact name, include here.)

Street Address: _____

City: _____ State: _____ Zip: _____

To whom it may concern:

Please accept this notice as authorization to close checking account number: _____
and send me a check for the remaining balance to the address below.

I verify all outstanding checks and deposits have cleared. I have already made arrangements to switch any automatic deposits and/or withdrawals with this account.

Thank You,

Owner Signature Date

Joint Owner Signature Date
(If Applicable)

If you have any questions, please call me at: _____ (daytime) or _____ (evening).

This change is authorized by:

Signature: _____ Date: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____