

# It's Time to Make the Switch

## Start by choosing your Carter Federal Checking Account.

1

- BASIC Checking – for members who maintain low balances
- GOLD Checking – dividend-bearing account for those with higher balances

**To open a Carter Federal checking account, visit any branch location, give us a call or apply online at [CarterFCU.org](http://CarterFCU.org). Be sure to request a VISA Check Card for worldwide access to funds in your checking account.**

## Move your transactions to your new account.

2

- Change your Direct Deposit to Carter Federal. [Click Here](#)**

For payroll Direct Deposit, please complete the "Payroll Direct Deposit Change" form and give to your pay roll office or to any Carter Federal employee. To change your Social Security Direct Deposit, call 800-772-1213 and tell them you want your Direct Deposit to go to Carter Federal. Be sure and use the credit union's routing number (311-175-983).

- Switch your automatic withdrawals to Carter Federal.**

Use the "Automatic Withdrawal Change" form to contact organizations authorized to make automatic withdrawals from your account, and let them know you have switched to Carter Federal. You may need to include a voided check or one of your new deposit slips.

- Switch charges automatically billed to your old debit card or VISA Card.**

Contact the company that you have authorized to receive payments through your previous debit card and tell them to debit your new Carter Federal VISA Check Card. They will need your new card number and expiration date.

- Let outstanding checks and automatic withdrawals clear in your previous account.**

Leave enough money in your previous institution to cover any outstanding checks. It may take several weeks for everything to clear.

Review your statement from your previous financial institution to make sure you haven't missed any automatic payments or debits.

## Close your previous account

3

- Close your account with your previous financial institution. [Click Here](#)**

Use the "Please Close My Account" form to make it easy. Make sure all of your transactions have cleared before closing.

- Destroy your checks and ATM/Debit Card from your previous financial institution. [Click Here](#)**

Be sure to cut up credit cards and shred checks from your previous financial institution.

**NEED HELP? Stop by any Carter Federal branch location for help completing the forms. We'll even make free copies for your records.**



# Payroll Direct Deposit Change Form

(current employer)

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(member name)

(daytime phone number)

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(complete mailing address)

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## RE: Change of Direct Deposit Routing

Please discontinue sending my automatic direct deposit to account # \_\_\_\_\_ (checking or savings)  
with \_\_\_\_\_ (previous financial institution)

Please begin sending deposits to Carter Federal Credit Union.

**Routing # 311-175-983**  
**Carter Federal Credit Union**  
**100 West Church Street, or P.O. Box 814**  
**Springhill, LA 71075**

## Deposit Instructions: Choose one of the following:

My member number is \_\_\_\_\_ (ex: 12345678)

- Deposit into checking account
- Deposit into to Regular Savings Account and the remainder to checking account

I authorize:

- My employer to initiate deposit of my funds to Carter Federal Credit Union.
- Carter Federal Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

(name)

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Signature

(date)

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Date

# Automatic Withdrawal Change Form

(Mail this completed form to the company that is debiting your account on a regular basis.)

Re: *(account # being debited)* \_\_\_\_\_

Dear *(name of company debiting my account)* \_\_\_\_\_,

I currently have my payment automatically withdrawn from:

*(name of previous institution)* \_\_\_\_\_

*(account number)* \_\_\_\_\_

*(date of month)* \_\_\_\_\_

*(final transaction: full date of LAST transaction)* \_\_\_\_\_

Please transfer these monthly transactions and schedule future debits to be automatically withdrawn from:

*Routing # 311-175-983* \_\_\_\_\_

*(Carter Federal member number)* \_\_\_\_\_

*(date of month)* \_\_\_\_\_

*(new transaction: full date of NEW transaction)* \_\_\_\_\_

**Carter Federal Credit Union**  
**100 West Church Street, or P.O. Box 814**  
**Springhill, LA 71075**

I am providing at least two weeks notice prior to the next scheduled transaction. Thank you for your prompt attention to this request. If you have any questions, please contact me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(name)* \_\_\_\_\_ *(phone)* \_\_\_\_\_

*(complete mailing address)* \_\_\_\_\_

# Please Close My Account Form

(Mail this completed form to your previous financial institution)

*(financial institution)*

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*(complete mailing address)*

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Please close the following account(s):

Account #: \_\_\_\_\_  
 Checking    Savings    Money Market   Other \_\_\_\_\_

Account #: \_\_\_\_\_  
 Checking    Savings    Money Market   Other \_\_\_\_\_

Account #: \_\_\_\_\_  
 Checking    Savings    Money Market   Other \_\_\_\_\_

Account #: \_\_\_\_\_  
 Checking    Savings    Money Market   Other \_\_\_\_\_

Please send any remaining funds in the above accounts to Carter Federal Credit Union.

**Routing # 311-175-983**  
**Carter Federal Credit Union**  
**100 West Church Street, or P.O. Box 814**  
**Springhill, LA 71075**

## Deposit Instructions:

My member number is \_\_\_\_\_

Deposit entire amount into checking account

Deposit entire amount into savings account number and the remainder to checking account

*(printed name)*

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*(date)*

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*(primary account holder signature)*

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*(date)*

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*(joint account holder signature)*

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*(date)*

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# Debit Authorization Form

Mail this completed form to the financial institution(s) that you want to deposit money into your Carter Federal Account.

Amount to be Transferred:	\$ _____
Frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> One-Time Transfer <small>(Allow at least five business days)</small>
Effective Date:	_____
.....	
<b>From:</b> Financial Institution:	_____
Routing Number:	_____
Name on Account:	_____
Account Number:	_____
Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
.....	
<b>To:</b> Carter Federal Credit Union	
311-175-983	
Name on Account:	_____
Member Number:	_____
Account Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

I (we) hereby authorize Carter Federal Credit Union to initiate debit entries to my (our) account at the financial institution named above, hereinafter called FINANCIAL INSTITUTION, to apply to my accounts at Carter Federal Credit Union for amount above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authority is to remain in full force and effect until Carter Federal Credit Union has received written notification, at the address set forth below, of your desire to cancel, up to 3 business days before the scheduled date of the transfer. There is no fee for this service. However, if your account has insufficient funds to make the payment, a payment return fee will be charged to your credit union account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(name)*

*(daytime phone number)*

*(complete mailing address)*

Mail signed form to: **Carter Federal Credit Union,  
P.O. Box 814  
Springhill, LA 71075  
Attn : Accounting Dept**

Received by \_\_\_\_\_ Date \_\_\_\_\_ System Input Date \_\_\_\_\_