

Getting Organized

STEP 1

Accounts To Be Closed:

Account Number	Financial Name/Account Name	Completed

Direct Deposits To Be Switched:

Direct Deposit Type	Frequency	Amount	Completed
Employer			
Govt's /social Security			
Support			
Brokerage			
Other			

Automatic Withdrawals/Debits To Be Switched:

Withdrawal Type	Frequency	Amount	Completed
Mortgage			
Auto Loan			
Insurance			
Utilities			
Internet			
Other			

Everything You Need Is Right Here! Consolidate Today.

Other Options to Explore	Financial Institution	Balance	Rate
Refinance Auto Loan(s)			
Refinance Mortgage/HE			
Refinance High-Rate Credit Cards			
Certificates of Deposit			
Transfer IRA/Retirement Acct.			



Direct Deposit Request Form

STEP 2

To:

Employer Name & Address

I,

Name of Employee

Employee ID Number

Address

City

State

Zip

()

Home Telephone Number

()

Work Telephone Number

wish to change my direct deposit from:

Financial Name:

Financial Routing Number:

Account Number:

Effective Date: _____, please start making this direct deposit into my account at:
Date

RIA Federal Credit Union

PO Box 4750

Rock Island, IL 61204- 4750

Routing Number : 271188337

Account Number : _____

() Checking Account () Savings Account

I authorize the above named organization to send my payroll to **RIA Federal Credit Union** for the purpose of automatically depositing funds to my designated **RIA Federal Credit Union** account.

Signature

Date

RIA Federal Credit Union Representative

Date



1-800-742-2848

www.riafcu.com

If necessary, staple a voided RIA Federal Credit Union check and submit to your employer.

Automatic Withdrawal Request Form

STEP 3

To whom it may concern:

Please accept this letter as authorization to change my automatic payments from my old account to my new account at **RIA Federal Credit Union**.

You are currently withdrawing \$ _____ for my

_____ Indicate what the payment is for.

Effective _____, please discontinue making payments from:
Date

Financial Name: _____

Financial Routing Number: _____

Account Number: _____

() I hereby authorize any future automatic payments to be taken out of my new account at **RIA Federal Credit Union**.

RIA Federal Credit Union

PO Box 4750

Rock Island, IL 61204- 4750

Routing Number : 271188337

Account Number : _____

() **Checking Account** () **Savings Account**

****OR****

() Effective _____, please cancel my automatic withdrawals.
Date

I will be using RIA Federal Credit Union's Online Bill Payment to make my monthly payments.

If you have any questions about this request, please contact me during the day / evening (circle one) at
(_____) _____.
Telephone Number

Signature

Date



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Print and complete one form for each company withdrawing a recurring payment out of your account. Don't forget to change any automatic payments set up with a debit card to your new **RIA Federal Credit Union** VISA Credit Card or debit card.

Close Account Request Form

STEP 4

To whom it may concern:

Effective immediately, I hereby request that you close my account with your institution.

I have verified that all checks and debits have cleared my account. I have also made arrangements to switch any automatic withdrawals, and/or automatic deposits that were associated with this account.

Financial Name: _____

Primary Name on Account: _____

Secondary Name on Account: _____

Account Number: _____

Please send any remaining funds in the account to my attention at:

Name: _____

Address: _____

City, State, Zip: _____

Daytime Telephone Number: _____

If you have any questions, please contact me at the telephone number above.

Sincerely,

Signature - Primary Name Date

Signature - Secondary Name Date

Verification of identification may be required. If required, it may be necessary to attach a photocopy of your driver's license or government issued identification.



1-800-742-2848

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