

TFCU SWITCH KIT

USE THIS FORM TO CHANGE YOUR DIRECT DEPOSIT TO YOUR NEW ACCOUNT AT TFCU.

Name of Employer/Company:		
Address		
City:	State:	Zip:
New Financial Institution Information		
Financial Institution:	Taunton Federal Credit Union 14 Church Green, Taunton, MA 02780	Routing Number: 2113-86115
Account Number: _____	<input type="checkbox"/> Savings Suffix : _____	<input type="checkbox"/> Checking Suffix: _____
Savings Deposit Amount: \$ _____ (Flat Amount) or <input type="checkbox"/> All Remaining Funds		Effective Date:
Checking Deposit Amount: \$ _____ (Flat Amount) or <input type="checkbox"/> All Remaining Funds		Effective Date:

I hereby authorize my Direct Deposit to be sent to my Taunton Federal Credit Union checking and/or savings account and credit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of US Law. This authority will remain in effect until Employer/Company has received written notification from me of its termination.

Name:		
Address		
City:	State:	Zip:
Signature:		Date:



**CONNECTING ALL DEPARTMENTS:
(508) 824-6466 • WWW.TAUNTONFCU.COM**

Membership is established with a \$5 share/savings account and is open to anyone who lives, works, worships or attends school in Bristol County, Massachusetts; Bristol, Kent, Newport and Providence counties in Rhode Island; and the towns of Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond and South Kingstown Rhode Island. Federally Insured by NCUA. Equal Housing Lender. EOE

TFCU SWITCH KIT

USE THIS FORM TO CHANGE YOUR AUTOMATIC WITHDRAWALS TO YOUR NEW ACCOUNT AT TFCU.

Name:		Phone Number:	
Address:			
City:	State:	Zip:	
New Financial Institution Information			
<i>I am requesting to change my Automatic Withdrawal for Account # _____</i>			
<i>I have recently changed my financial institution and would like to have my automatic withdrawal switched from my previous account to the new account listed below. As per our original agreement, I authorize _____ to make automatic payment withdrawals.</i>			
Financial Institution:		Routing Number:	
Taunton Federal Credit Union 14 Church Green, Taunton, MA 02780		2113-86115	
TFCU Account Number: _____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking			
Withdrawal Amount: \$ _____			

I hereby authorize the change listed above. I understand that the stop payment request must be received at least three (3) business days before a scheduled debit(s) or in time to give TFCU reasonable time to act upon it.

Signature:	Date:
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