



*Coastland*  
FEDERAL CREDIT UNION

## *Account Moving Packet*

Even if you already bank somewhere else, moving your accounts to Coastland Federal Credit Union is as easy as 1-2-3! After you open a Coastland FCU share draft or share account (checking & savings), use our convenient Account Moving Packet. It includes all of the forms you need to transfer your accounts and switch any direct deposits or automated payments to your new Coastland account.

- 1) The first form is the "Close Account" form. Fill it out and return it to us in order to close your existing account and easily deposit your funds into your newly-created Coastland account.
- 2) The second form is the "Change Payroll Direct Deposit" form. Fill it out and return it to us so that we can switch your direct deposit payments to your Coastland account.
- 3) The third form is the "Change Automatic Withdrawal/Drafts" form. Fill it out and return it to us, and we can make sure that any automatic transfers of money out of your existing account will instead be taken out of your Coastland account.

**If you have any questions, please contact Member Services at 504.834.2780 or toll free at 1.888.561.5610**

MAIN BRANCH	504- 834-2780 phone
1301 Clearview Parkway	504-885-2158 fax
Metairie, La 70001	888-561-5610 toll free



# Coastland

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## Close Account

Date: \_\_\_\_\_

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

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

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

### To Whom It May Concern:

Please close my account # \_\_\_\_\_, and send this form and a check for the remaining balance\* made payable to me at the address below.

If you have any questions about this request, please contact me at the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ or Evening (\_\_\_\_\_) \_\_\_\_\_

Thank you,

Sincerely

\_\_\_\_\_  
Account Owner Signature\*\*

\_\_\_\_\_  
Joint Account Owner Signature

\_\_\_\_\_  
Account Owner Name (please print)

\_\_\_\_\_  
Joint Account Owner Name (please print)

\*remaining balance will be deposited in your Coastland savings account.

\*\*by signing, you are authorizing Coastland FCU to deposit remaining balance in to your Coastland savings account.

### Mail Check(s) to:

Coastland Federal Credit Union  
ATTN: Member Services/Account Moving Packet  
1301 Clearview Parkway  
Metairie, LA 70001



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## Change Payroll Direct Deposit

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

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

Employers Mailing Address: \_\_\_\_\_

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

### To Whom It May Concern:

You are currently depositing:  my entire paycheck or  part of my paycheck in the amount of \$\_\_\_\_\_ to the following account:

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

Financial Institution Routing #: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Please cancel my direct deposit to that account and instead deposit to:

Current Financial Institution: COASTLAND FEDERAL CREDIT UNION

Financial Institution Routing #: 265075304 Account Number: \_\_\_\_\_

### If you have any questions about this request, please contact me at the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ or Evening (\_\_\_\_\_) \_\_\_\_\_

Thank you,

Sincerely

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name (please print)

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

\_\_\_\_\_  
Other Information your employer may need (SSN, Employee ID#, etc.)



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## Change Automatic Withdrawal/Drafts

Date: \_\_\_\_\_

Name of Company Making Automatic Withdrawals: \_\_\_\_\_

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

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

### To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ for my \_\_\_\_\_,  
Amount What payment is for

\_\_\_\_\_, on \_\_\_\_\_ from the following account:  
Account Number Date

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

Financial Institution Routing #: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Please stop making withdrawals from the above account and start making them from:

Current Financial Institution: COASTLAND FEDERAL CREDIT UNION

Financial Institution Routing #: 265075304 Account Number: \_\_\_\_\_

### If you have any questions about this request, please contact me at the following numbers:

Daytime: (\_\_\_\_\_) \_\_\_\_\_ or Evening (\_\_\_\_\_) \_\_\_\_\_

Thank you,

Sincerely

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Name (please print)

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