

# Alden Switch Kit

We make it quick and easy to switch your accounts to Alden. Simply fill out below make the switch.

1. Account number: \_\_\_\_\_  
Routing Number: 211882143

2. Switch Direct Deposits/Automatic Deposits using the authorization to change direct deposit:

Employer deposit	Brokerage deposit
Government Deposit	Child Support or Court Ordered deposits
Social Security	Other

3. Switch automatic payments/withdrawals using the authorization to change automatic withdrawal:

Mortgage/Rent	Auto
Internet Service	Club/Membership Dues
Investments	Cable TV/Satellite
Utilities: Electric, Gas, Water	Phone/ Cell Phone
Online Banking	Other

4. Close all other savings, checking & bill payment accounts using the Authorization to close account:

Financial Institutions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Transfer high-rate credit card balances to your Alden Credit Card using the balance transfer authorization:

Credit Cards to Transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional Options to explore:

- Refinance your auto loan at Alden
- Refinance your Mortgage at Alden
- Utilize the equity in your home with a Home Equity Loan or Line of Credit

For additional detail, or help switching your accounts to Alden, just ask us! Please visit a branch or give us a call, 413-536-0475.

# Authorization to Change Direct Deposit

Complete this authorization form to change direct deposits to Alden. Provide this completed document to your payroll or HR office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

To whom it may concern:

You are currently making direct deposits on my behalf to this account:

Old Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please discontinue direct deposits there and immediately start direct deposits to my account at:

Alden Credit Union

710 Grattan Street

Chicopee, MA 01020

Routing Number: 211882143

Account Number: \_\_\_\_\_

Checking

Savings

Thank you,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employee ID Number



# Authorization to Close Account

Complete this authorization form to close accounts at other financial institutions and have funds transferred to your Alden account. Print one authorization for each financial institution where you have accounts.

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Date

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Financial Institution Name

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Street Address

City

State

Zip

To whom it may concern:

Please close my account(s) with your financial institution:

Account numbers: \_\_\_\_\_

Account holders: \_\_\_\_\_

ID verification (SSN): \_\_\_\_\_

Please send a check for the remaining balance(s) to my new account at:

Alden Credit Union

710 Grattan Street

Chicopee, MA 01020

Routing Number: 211882143

Account Number: \_\_\_\_\_

Checking

Savings

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from my account(s) with your financial institution.

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

Thank you,

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Account Holder 1 Signature

Date

---

Account Holder 2 Signature

Date



# Balance Transfer Authorization

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Please transfer the balance of the following accounts to my Alden Credit Card.  
I understand that Alden may not be able to process a balance transfer request if it exceeds my available credit limit.

Card Issuer: \_\_\_\_\_

Card Issuer: \_\_\_\_\_

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

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

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

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

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Card Issuer Phone: \_\_\_\_\_

Card Issuer Phone: \_\_\_\_\_

Amount to Transfer: \_\_\_\_\_

Amount to Transfer: \_\_\_\_\_

Card Issuer: \_\_\_\_\_

Card Issuer: \_\_\_\_\_

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

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

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

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

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Card Issuer Phone: \_\_\_\_\_

Card Issuer Phone: \_\_\_\_\_

Amount to Transfer: \_\_\_\_\_

Amount to Transfer: \_\_\_\_\_

## Terms and Conditions

1) Funds will be sent only to recognized creditors of financial institutions and will not be sent to your home or billing address.

2) Please continue to make your minimum required payment to these creditors until the requested transfer payment appears on the account's billing statement. Alden CU is not responsible for any remaining balance on that account, or for any finance or other charges you incur due to delays in transferring a balance.

3) If you transfer an amount for a transaction you dispute, you may lose some or all of your rights against the other creditor.

4) While Alden CU can pay your accounts directly, Alden CU cannot close these accounts for you. If you wish to close any of these accounts, write directly to the creditor.

Account balance transfers are contingent upon account setup and assigned credit limit. In some cases, Alden CU may not be able to process a balance transfer request if it exceeds your available credit limit.

By signing below I authorize Alden Credit Union to pay on my behalf each balance or portion of balance I have designated. I have read the terms and conditions.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

