

**Below is a list to guide you through the process of switching your existing checking account to ABEFCU.**

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### **Get Organized**

Gather all pertinent information about your existing account(s) such as account number(s), bank routing number and recent statements.

Review your last few statements and note all automatic payments.

**Note:** *Not all established automatic payments occur on a monthly basis. Examples: Insurance premiums, Local or Federal Taxes, Water Bills, Home Owner Association Dues, etc. may occur at different intervals.*

Review your statements and note all outstanding checks or pending payments that have not yet posted to your account. Remember to leave sufficient funds in the account with your previous financial institution to cover these items.

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### **Open Your New Account**

Bring all prepared paperwork to your local branch or call your local branch if you need help (see page 3 for branch information.) The forms required to open your account can be found on our web site, [www.abefcu.org](http://www.abefcu.org) under the “Join ABE” link.

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### **Initiate or Schedule Direct Deposit Changes**

**ABC Inc. /Disney Worldwide Employees –**

If you have access to “The Hub,” you can set up direct deposit yourself by changing the routing number (see sample check on page 4 for ABE routing number) and account number to your new ABEFCU account. (Please be sure to use your entire 12-digit account number, which you can obtain from your ABEFCU checks or by contacting an ABEFCU employee.) You can also complete a direct deposit form on page 10 or at your local branch and let us submit the change for you.

**☐ State/Local Government Employees and Employees of Private Companies –**

Complete the Direct Deposit Authorization Form on page 11 and submit it to your Human Resources or Payroll office. **Note:** *You may need to provide a deposit ticket or voided check. You may also be asked to fill out an additional form by your HR or Payroll office. However, all of the information you need will be on the completed Direct Deposit Form.*

**☐ Social Security Deposits-**

For Social Security and SSI payments, simply click on the **Go Direct** button on our website, [www.abefcu.org](http://www.abefcu.org), or call (800) 333-1795 to immediately switch over your deposit. You will need to provide ABEFCU's routing number (see sample check on page 4 for ABE routing number) and your 12-digit account number. (Please be sure to use the entire 12-digit account number, which you can obtain from your ABEFCU checks or by contacting an ABEFCU employee.)

**☐ Retirement/Pension Deposits-**

For retirement or pension payments, please contact the company's plan administrator or HR dept. to have a direct deposit form sent to you. We would be happy to help you complete the forms and/or answer any questions.

**☐ Other Deposits Currently Being Received Into Your Account Electronically-**

Please use the form on page 6 for any other payments or deposits you receive into your account

***We strongly suggest that you confirm with your payroll office the effective date of your first Direct Deposit to your ABEFCU account before changing your automatic payments.***

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**Change Your Automatic Payments**

☐ You can use the Automatic Payment Change form on page 5 to assist you with this process. You will want to print multiple forms or make additional copies if you are changing more than one automatic payment. We suggest keeping copies of these completed forms for your records. **Note:** *Most merchants provide secure websites that allow you to change your automatic payment information online.*

ABEFCU provides an online Bill Pay Service via our Home Banking website as an alternative to Automatic Payments. Online Bill Pay is a quick, convenient, **secure** and less expensive alternative to writing and mailing checks as well as automatic payment drafts. We have provided a Bill Pay Change Form on page 8 to assist you with documenting all of your current Bill Pay payments. The Bill Pay Service keeps you in control of your payments.

Don't forget automatic payments you've authorized using your debit card. You will want to stop the current transaction(s) and reestablish the payment once you have received your new ABEFCU Debit Card. We have provided a debit card Change Form on page 7 to assist you with documenting all of your current debit card payments.

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### **Close Your Previous Account**

Confirm all checks have cleared your previous checking account, Bill Pay has been cancelled and reestablished with ABEFCU and that all automatic payments have been transferred to your new checking account.

Complete the Account Closure Form on page 9 and send to your previous financial institution. Note: *Some financial institutions may require additional forms before closing your account.*

Destroy any unused checks, ATM/Debit cards and deposit tickets associated with your previous account(s).

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### **Branch locations:**

77 West 66<sup>th</sup> Street  
New York, NY 10023  
212 456-1064

125 West End Avenue  
New York, NY 10023  
212-456-5344

1717 DeSales Street NW  
Washington, DC 20036  
202 222-7444

4151 Prospect Avenue  
Los Angeles, CA 90027  
323 671-4515

2300 Riverside Drive  
Burbank, CA 91521  
818 460-5036

2312 W. Olive Avenue  
Burbank, CA 91506  
818 840-0500

680 Birch Street  
Bristol, CT 06010  
860 766-2622

383 Middle Street  
Bristol, CT 06010  
860 766-5280

190 N. State Street  
Chicago, IL 60601  
312 899-4104

## Sample Check Image

ROBERT W. ANDREWS  
123 YOUR STREET  
ANYWHERE, U.S.A. 12345

101  
00-00/000

Date

Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_

Dollars

**ABE** AMERICAN BROADCAST EMPLOYEES FEDERAL CREDIT UNION  
825 SEVENTH AVENUE - 2ND FLOOR, NEW YORK, NY 10019

For \_\_\_\_\_

⑆021484524⑆ 756612345678⑆ 0101

Harland Clarke

Routing Number Account Number

Security Features Details on Back.

- Please use your **entire 12 digit account number** (as shown above) when completing any deposit or payment change forms.
- The routing number shown above is the correct number for ABEFCU.
- If you have not yet received your ABEFCU checks, please contact a branch employee to obtain your correct 12 digit account number.

## Automatic Payment Change Form

An Automatic Payment is when you authorize a Payee/Merchant to electronically withdraw funds from your checking account to pay a recurring bill (power, phone, cable, etc). These authorizations can be changed by preparing this form and sending it to the Payee/Merchant or by visiting their website and making the changes online using your new ABEFCU account information. (For Debit Card automatic payment changes, please refer to the Debit Card change form on page 7)

### Payee/Merchant Information

Name of Payee/Merchant \_\_\_\_\_  
Account Number with Payee/Merchant \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

### Existing Account Information

Name of Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

### New Account Information

Name of Financial Institution **American Broadcast Employees FCU**  
Routing Number **021484524**  
Account Number \_\_\_\_\_

*Your ABEFCU checking account number can be found on the bottom of your checks. Please include all 12 digits. (See sample check on page 4)*

### Authorization

Effective \_\_\_\_\_ (date), please stop debiting my existing account for this payment and begin debiting my new account. Please provide written confirmation when this change has been completed.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Other Deposits/Payments You Receive

You may receive deposits or payments from another source that electronically sends the funds to your account. These may include deposits of dividends or disbursements from other bank or investment accounts. These authorizations can be changed by preparing this form and sending it to the Payer/Depositor or by visiting their website and making the changes online using your new ABEFCU account information.

### Payer/Depositor Information

Name of Depositor \_\_\_\_\_  
Account Number with Depositor \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

### Existing Account Information

Name of Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

### New Account Information

Name of Financial Institution **American Broadcast EFCU**  
Routing Number **021484524**  
Account Number \_\_\_\_\_

*Your ABEFCU checking account number can be found on the bottom of your checks. Please include all 12 digits. (See sample check on page 4)*

### Authorization

Effective \_\_\_\_\_ (date), please stop crediting my existing account for this payment and begin crediting my new account. Please provide written confirmation when this change has been completed.

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Debit Card Change Form

Please use this form to assist you in identifying Payee/Merchants you have authorized recurring withdrawals using your previous debit card. Reviewing your last monthly statement on your previous checking account will assist you in identifying these transactions. Most Payee/Merchants provide secure websites that allow you to update your debit card information online, which is effective immediately. You will need to provide your new ABEFCU Debit Card number, expiration date and possibly the CVV2/Security Code located on the back of your card.

<b>Payee Name</b> _____
<b>Website Address</b> _____
<b>Account Number</b> _____
<b>Payment Amount Due Date</b> _____

<b>Payee Name</b> _____
<b>Website Address</b> _____
<b>Account Number</b> _____
<b>Payment Amount Due Date</b> _____

<b>Payee Name</b> _____
<b>Website Address</b> _____
<b>Account Number</b> _____
<b>Payment Amount Due Date</b> _____

<b>Payee Name</b> _____
<b>Website Address</b> _____
<b>Account Number</b> _____
<b>Payment Amount Due Date</b> _____

## Bill Payer Change Form

This form can be used for your reference to conveniently record all existing Bill Payments from your previous checking account. To register for ABEFCU's Online Banking and Bill Payer, log onto our website. Once you have completed this step you will need to remember to cancel your Bill Payments on your previous checking account.

<b>Payee Name</b> _____ <b>Payee Address</b> _____ <b>Account Number</b> _____ <b>Payment Frequency</b> _____ <b>(monthly, weekly, etc)</b> <b>Next Send Date</b> _____
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<b>Payee Name</b> _____ <b>Payee Address</b> _____ <b>Account Number</b> _____ <b>Payment Frequency</b> _____ <b>(monthly, weekly, etc)</b> <b>Next Send Date</b> _____
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<b>Payee Name</b> _____ <b>Payee Address</b> _____ <b>Account Number</b> _____ <b>Payment Frequency</b> _____ <b>(monthly, weekly, etc)</b> <b>Next Send Date</b> _____
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<b>Payee Name</b> _____ <b>Payee Address</b> _____ <b>Account Number</b> _____ <b>Payment Frequency</b> _____ <b>(monthly, weekly, etc)</b> <b>Next Send Date</b> _____
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## Account Closure Form

Please use this form to close your previous checking account. Do not send this to your previous financial institution until you are sure that the following has occurred:

1. All outstanding items have posted to your previous checking account
2. Direct Deposits and Automatic Payments are now established with your new ABEFCU account
3. Bill payments set up on your previous checking account have been cancelled and reestablished with your new ABEFCU account

### Previous Financial Institution Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

### Request to Close Account(s)

**This letter is to inform you that I/we have decided to close the account(s) listed below effective immediately. I/we have verified that all outstanding items have cleared**

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

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

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

\_\_\_ Please close the account(s) requested above and mail the balance, made payable to the Account Owner(s), with any interest to my address

\_\_\_ Please close the account(s) requested above and mail the balance, made payable to the Account Owner(s), with any interest to:

ABEFCU  
PO Box 4002  
Ansonia Station  
New York, NY 10023

### Authorization to Close Account(s)

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

Account Co-Owner Signature \_\_\_\_\_

Print Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Contact Phone \_\_\_\_\_

## ABC/Disney Employee Direct Deposit Information

Name (Please print): \_\_\_\_\_

Employee Number:

Social Security Number:

<b>1st Account</b>	
Action (circle one):	Add                      Change                      Delete
Account type:	Checking
Bank Name:	<u>American Broadcast Employees FCU</u>
Bank's ABA Number:	<input style="width: 150px; height: 15px;" type="text" value="0214 8452 4"/>
Account Number:	<input style="width: 150px; height: 15px;" type="text"/>
Dollar Amount:	<input style="text-align: right;" type="text" value="."/>
or Percent:	<input style="width: 40px; height: 15px;" type="text"/> %

<b>2nd Account</b>	
Action (circle one):	Add                      Change                      Delete
Account type:	Savings
Bank Name:	<u>American Broadcast Employees FCU</u>
Bank's ABA Number:	<input style="width: 150px; height: 15px;" type="text" value="0214 8452 4"/>
Account Number:	<input style="width: 150px; height: 15px;" type="text"/>
Dollar Amount:	<input style="text-align: right;" type="text" value="."/>
Percent:	<input style="width: 40px; height: 15px;" type="text"/> %
or Remainder:	<input style="width: 40px; height: 15px;" type="text"/>

<b>3rd Account</b>	
Action (circle one):	Add                      Change                      Delete
Account type:	Checking
Bank Name:	_____
Bank's ABA Number:	<input style="width: 150px; height: 15px;" type="text"/>
Account Number:	<input style="width: 150px; height: 15px;" type="text"/>
Dollar Amount:	<input style="text-align: right;" type="text" value="."/>
Percent:	<input style="width: 40px; height: 15px;" type="text"/> %
or Remainder:	<input style="width: 40px; height: 15px;" type="text"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Ph#: \_\_\_\_\_



**DIRECT DEPOSIT** It's safe, simple and saves time.

**1. Employee Information**

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

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

Social Security # \_\_\_\_\_

**Authorization Agreement**

I authorize \_\_\_\_\_

Name of Business

to automatically deposit my check into my ABE FCU account listed below. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

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

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

**2. Credit Union Information**

Credit Union Name and Address: American Broadcast Employees FCU

7-11 Front Street

Rockville Centre, NY 11570

ABE FCU Account Number: (Must be 12 digits) \_\_\_\_\_

ABE FCU Routing and Transit Number: 021484524

Dollar Amount: \$ \_\_\_\_\_ or Net \_\_\_\_\_

Account Type: \_\_\_ Checking \_\_\_ Savings