



**INFORMATION** *Needed For Your New Account*

**Checking Account Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Joint Owner Information**

Joint Owner's name as it will appear on the account

\_\_\_\_\_

Joint Owner's address (if different from above)

Address \_\_\_\_\_

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

Joint Owner's Social Security Number \_\_\_\_\_

**Overdraft Protection**

Please set up overdraft protection from my regular share account \_\_\_\_\_.  
I authorize CFDCU to transfer funds as necessary to cover overdrafts on my CFDCU checking account.

I do NOT wish to have overdraft protection on my account.

A check is enclosed for my initial deposit of \$\_\_\_\_\_.

Please transfer \$\_\_\_\_\_ from my regular share account \_\_\_\_\_.

**VISA Debit Card**

I request a free VISA Debit Card.



**SWITCH** *Your Direct Deposit*

I have opened a new checking account with the Charlotte Fire Department Credit Union.  
Please change my direct deposit to the following account:

**Charlotte Fire Department Credit Union**  
2100 Commonwealth Avenue, Charlotte, NC 28205  
(704) 375-3950

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

Routing Number 253075044 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby authorize this change in my direct deposit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to your employer, the Social Security Administration, and/or your retirement plan administrator. You may make additional copies if necessary.



**SWITCH** *Your Automatic Payments*

Company Receiving Payment \_\_\_\_\_

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

Payment Amount \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

I have opened a new checking account with the Charlotte Fire Department Credit Union.  
Please redirect the automatic payment listed above to the following account:

**Charlotte Fire Department Credit Union**  
2100 Commonwealth Avenue, Charlotte, NC 28205  
(704) 375-3950

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

Routing Number 253075044 \_\_\_\_\_

I hereby authorize this change in my automatic payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to the company that receives your automatic payment. You may make additional copies if necessary.



**Close** *Your Old Account*

Please consider this an official request to close my account(s). My account information is listed below.

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

Name on Account \_\_\_\_\_

Account Number(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please mail the balance in the above account(s) to the address above.

Please transfer the balance in the above account(s) to the following CFDCU account:

**Charlotte Fire Department Credit Union**  
2100 Commonwealth Avenue, Charlotte, NC 28205  
(704) 375-3950

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

Routing Number 253075044 \_\_\_\_\_

I hereby authorize the close of this account.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to the financial institution(s) that hold your old accounts. You may make additional copies if necessary.