

# it's easy

## to make the switch.

### Open New Accounts

Your first step is to open your new savings account with Democracy FCU. Once this account is in place, you have access to all of our benefits and other accounts, including Democracy FCU FREE Checking with direct deposit and low-cost loans.\*

\*All loans subject to an evaluation of each applicant's credit.

### Close Old Accounts

Be sure to leave your old accounts active long enough to allow outstanding checks and automatic withdrawals to clear. Leave enough money in place to cover these transactions. This process may take several weeks. Once you're sure that the old accounts are inactive, you can ask your previous institution to send you the balance from that account. Then you can destroy your old checks, ATM/debit cards, and deposit slips.

### Switch Automatic Transactions

Use the SwitchKit forms on the following pages to help you contact the companies and financial institutions which handle your automatic deposits and withdrawals. We'll be happy to help you with any of these forms.

 **Democracy** Financial Freedom **for ALL.**  
Federal Credit Union

[DemocracyFCU.org](https://DemocracyFCU.org) 

All family members are welcome to join Democracy FCU.

# account closure notification

Financial Institution of Closed Account

Today's Date

Address

City, State, Zip Code

**To Whom It May Concern** *We request the closure of the following account(s):*

Account Number

Type of Account

Account Number

Type of Account

**Send remaining balance(s) in the form of a check to:**

Address

City, State, Zip Code

Name

Co-signer's Name

Signature

Date

Co-signer's Signature

Date

*Print, Complete and Fax or Mail this form to your previous financial institution to notify them that you are closing your account.*

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# account withdrawal request

Individual or Company (recipient of withdrawals)

Today's Date

Address

City, State, Zip Code

## To Whom It May Concern *Concerning your current withdrawal:*

Account

Frequency (weekly, monthly, day, etc.)

Account Number

Name

## Please update the origin of payment to this new account:

Name

Address

City, State, Zip Code

**Democracy Federal Credit Union**

**254074688**

Financial Institution

Routing Number

Account Number

Frequency/Date

Signature

Date

*Print, Complete and Fax or Mail this form to entities who automatically withdraw funds from accounts you are closing.*

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# payroll direct deposit request

Employer or Depositor's Name

Today's Date

Address

City, State, Zip Code

## To Whom It May Concern

*You are currently depositing all or part of my paycheck to the following account:*

Old Financial Institution

Routing Number

Account Number

## Please begin depositing payments to this new account:

**Democracy Federal Credit Union**

**254074688**

Financial Institution

Routing Number

Account Number

Sincerely, \_\_\_\_\_  
Name

Address

City, State, Zip Code

Signature

Date

*Print, Complete and Fax or Mail this form to entities who automatically deposit funds into your accounts (typically paychecks).*

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# checklist

It's important to update banking information with your utilities, services, government, and employment. Here's a list of the most common ones:

## direct deposit

- Your employer's human resources department
- The company handling your retirement or pensions
- Social Security Administration

## anyone who makes automatic withdrawals from your account:

- Mortgage company
- Homeowner's insurance
- Auto insurance
- Life insurance
- \_\_\_\_\_
- \_\_\_\_\_

## anyone who makes automatic charges to your old debit or credit cards:

- Utility companies
- Telephone company
- Cable company
- \_\_\_\_\_
- \_\_\_\_\_

# billpay

## Enrolling in BillPay

- Log into Online Banking (link is available at [www.DemocracyFCU.org](http://www.DemocracyFCU.org))
- Click on “BillPay” on the left side of the page
- Select the appropriate Share Draft Account
- Click “Enroll”
- Review the disclosures and select “I Agree”

## Payees

BillPay] allows you to establish up to forty-five (45) payees. You may make payments to payees with a U.S. address only. You may not establish payments for governmental agencies (including the Internal Revenue Service), any state or local tax authorities, collection agencies, or recipients of court ordered payments such as child support and alimony.

## Establishing Payees

When establishing payees, you may locate an existing payee by clicking on “Find Payee” or you may set-up a new payee by clicking on “Add a Payee.”

## Changing Payees

Before deleting payees from Internet BillPay, it is necessary to delete any pending payments for that payee.

## Payments

There is a limit on any single payment of \$25,000.00. There is no minimum payment amount. In order to set up a payment, click on “Add Payment”, choose your payee, enter the amount and the date of the payment, and indicate whether it is a one-time payment or recurring payment.

## Payment Processing

Scheduled payments that fall on the day that the Credit Union is not open for business will be paid on the following business day. Funds are transferred out of your account by 7:00 AM EST and are transmitted to our remittance agent. Payments for which there are insufficient funds to make will not be processed and will have to be rescheduled at a later date. In order to ensure that your payments are received on time, it is necessary that all payments done by check are set up to be paid at least five (5) business days before the payment due date. If the payment is to be processed electronically, you must set up the payment to be processed at least two (2) business days prior to payment due date.

## Payment Status

In order to check the status of a payment, click on “Payment Status”. Payment statuses are updated once a day. The status terms used are defined below:

- In Process - Your payment has been withdrawn from your account, but we have not yet received confirmation that the payment has been sent by the remittance agent.
- Check Sent - The remittance agent has issued a paper check to the payee.
- E-payment Sent - The remittance agent has issued an electronic payment to the payee.
- Check Cleared (Date) - The paper check issued by the remittance agent cleared their processing account on the date stated.

For more information about BillPayer, please contact  
Member Services at 202.488.5400, 800.742.5582 (toll-free) or  
[member\\_serv@democracyfcu.org](mailto:member_serv@democracyfcu.org).

# DIRECT DEPOSIT SIGN-UP FORM

## DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
  - The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
  - Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					
CITY	STATE	ZIP CODE																					
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )																					
<b>B</b> NAME OF PERSON (S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Mil. Active <input type="checkbox"/> Mil. Retire <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> Other <i>(Specify)</i>																					
<b>C</b> CLAIM OR PAYROLL ID NUMBER (SSN)  Prefix <span style="float: right;">Suffix</span>		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )																					
<p style="text-align: center;"><b>PAYEE/JOINT PAYEE CERTIFICATION</b></p> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">TYPE</td> <td style="width: 50%; border-bottom: 1px solid black;">AMOUNT</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b></td> </tr> <tr> <td colspan="2">I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.</td> </tr> </table>		TYPE	AMOUNT	<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.															
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SIGNATURE	DATE	SIGNATURE	DATE																				
SIGNATURE	DATE	SIGNATURE	DATE																				

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION  DEMOCRACY FEDERAL CREDIT UNION 400 NORTH COLUMBUS STREET ALEXANDRIA, VA 22314		ROUTING NUMBER  <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> </tr> </table>		2	5	4	0	7	4	6	8	8	CHECK DIGIT
2	5	4	0	7	4	6	8	8					
		DEPOSITOR ACCOUNT TITLE											
<p style="text-align: center;"><b>FINANCIAL INSTITUTION CERTIFICATION</b></p> I confirm the identity of the above named payee(s) and the account number and title. As representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.													
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE										

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

Congratulations on becoming  
a member of Democracy FCU!  
We look forward to banking with you.

need help?

Stop by any of our branches  
or call us at **202.488.5400**

**DemocracyFCU.org**

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