



FEDERAL CREDIT UNION
VANTRIA

Switch

begin >

WELCOME TO THE VANTRIA FEDERAL CREDIT UNION SWITCH KIT

step 1: become a member

If you're not yet a Vantria Federal Credit Union member, stop by our branch or give us a call at (800) 350-4215 for eligibility.

step 2: collect your information

Get together the following items:

- Your Vantria account number, if you have one
- Personal information, such as address, Social Security number, etc.
- A voided check from your current financial institution
- A deposit slip from your current financial institution
- Information about any automatic payments to vendors, creditors, etc., which currently come out of your existing checking account
- Account numbers from your previous financial institutions

step 3: fill out the switch kit worksheet on the next two pages

Complete all requested information that is pertinent to the types of services you are interested in. For instance, if you have automatic payments from your current financial institution, complete the "Automatic Payments" section. If you wish to apply for credit, fill out the "Request for Credit" section.

step 4: print it out!

Look over your entries carefully, paying special attention to account numbers. Once you are satisfied everything on the worksheet is correct and complete, print out the Switch Kit.

NOTE: Due to limitations in the Adobe Reader software, you are unable to save your work. Once you've closed the file, all the information you've entered will be gone.

step 5: cut apart the forms

You will notice that there are several forms that have been automatically filled out from the information on your worksheet. Cut apart any forms for services you wish to use, and attach any documentation requested on the form.

step 6: sign the forms!

Do not forget to sign each form where indicated!

step 7: mail them to Vantria

Mail the signed forms to us, or drop them off at our office, and we will take care of the rest!

Vantria Federal Credit Union
ATTN: Switch Kit
6708 Backlick Road
Springfield, VA 22150

to worksheet >

COMPLETE THIS PAGE FIRST.

worksheet

type of account: individual joint

primary account holder name _____

mailing address _____

physical address _____

city/state/zip _____

city/state/zip _____

home phone () _____

work phone () _____

email _____

date of birth _____

soc. sec. # - - _____

joint account holder name _____

mailing address _____

physical address _____

city/state/zip _____

city/state/zip _____

home phone () _____

work phone () _____

email _____

date of birth _____

soc. sec. # - - _____

vantria account number _____

opening deposit

opening deposit or transfer amount \$ _____

To fund your checking account (choose one):

- check attached for opening deposit amount
- i (we) authorize a transfer from vantria fcu acct # _____
- funds transfer authorization form attached

check starting #: _____

funds transfer

previous financial institutions:

1 previous financial institution _____

previous account # _____

2 previous financial institution _____

previous account # _____

< instructions | continue >

COMPLETE THIS PAGE SECOND.

request for credit

Type of loan requested:

line of credit visa® mortgage auto home equity line of credit

amount \$ _____

collateral offered _____

current account relationships:

financial institution _____

type of acct _____

avg balance \$ _____

financial institution _____

type of acct _____

avg balance \$ _____

financial institution _____

type of acct _____

avg balance \$ _____

automatic payments

automatic payments:

1 payee name _____

payee account # _____

payee address _____

city/state/zip _____

effective date of automatic payment change: _____

2 payee name _____

payee account # _____

payee address _____

city/state/zip _____

effective date of automatic payment change: _____

3 payee name _____

payee account # _____

payee address _____

city/state/zip _____

effective date of automatic payment change: _____

direct deposit

employer _____

effective date of automatic payment change: _____

payroll no. _____

initial authorization change in authorization

Deposit amount. Net check \$ _____

Payroll period Weekly

Biweekly

Monthly

Semi-monthly

I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking \$ _____

Share/Savings \$ _____

Money Market \$ _____

Loan# _____ \$ _____

Loan# _____ \$ _____

IRA _____ \$ _____

Total \$ _____

[< instructions](#) | [< back](#) | [print >](#)

opening deposit or transfer

type of account: individual joint

primary account holder name _____

mailing address _____ physical address _____

city/state/zip _____ city/state/zip _____

home phone () _____ work phone () _____

email _____

date of birth _____ soc. sec. # - - _____

joint account holder name _____

mailing address _____ physical address _____

city/state/zip _____ city/state/zip _____

home phone () _____ work phone () _____

email _____

date of birth _____ soc. sec. # - - _____

vantria fcu acct # _____

routing & transit # 256078284

To help us provide faster service, please provide:

- A voided copy of your current check
- Check starting #: _____
- A copy of your deposit tickets/slips

opening deposit or transfer amount \$ _____

to fund your checking account (choose one):

- check attached for opening deposit amount
- i (we) authorize a transfer from
vantria fcu acct # _____
- funds transfer authorization form attached

signature(s) to authorize transfer:

_____/_____/_____
signature date

_____/_____/_____
joint signature date

 Cut Here

funds transfer authorization

name _____

soc. sec. # - - _____ home phone () _____

name _____

soc. sec. # - - _____ home phone () _____

mailing address _____

city/state/zip _____

vantria fcu acct # _____

routing & transit # 256078284

transfer from _____

account # _____

Effective immediately, I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Vantria Federal Credit Union, as indicated at left of this form. I have notified all parties authorized to draw against this account to cease doing so.

signature(s) to authorize transfer:

_____/_____/_____
signature date

_____/_____/_____
joint signature date

funds transfer authorization

name _____

soc. sec. # _____ - - - - - home phone (_____) _____

name _____

soc. sec. # _____ - - - - - home phone (_____) _____

mailing address _____

city/state/zip _____

vantria fcu acct # _____

routing & transit # 256078284

transfer from _____

account # _____

Effective immediately, I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Vantria Federal Credit Union, as indicated at left of this form. I have notified all parties authorized to draw against this account to cease doing so.

signature(s) to authorize transfer:

_____/_____/_____
signature date

_____/_____/_____
joint signature date

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 Cut Here

request for credit

name _____

soc. sec. # _____ - - - - - home phone (_____) _____

name _____

soc. sec. # _____ - - - - - home phone (_____) _____

mailing address _____

city/state/zip _____

vantria fcu acct # _____

routing & transit # 256078284

type of account:

individual joint

type of loan requested:

line of credit visa® mortgage auto

home equity line of credit

amount \$ _____

collateral offered _____

current account relationships:

financial institution _____

type of acct _____ avg balance \$ _____

financial institution _____

type of acct _____ avg balance \$ _____

financial institution _____

type of acct _____ avg balance \$ _____

signature(s):

_____/_____/_____
signature date

_____/_____/_____
joint signature date

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automatic payment change

name _____

soc. sec. # _____ home phone () _____

mailing address _____

city/state/zip _____

vantria fcu acct # _____

routing & transit # 256078284

payee name _____

address _____

city/state/zip _____

account/policy # _____

The individual named at left has opened an account with Vantria Federal Credit Union. Effective _____ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

signature(s) to authorize transfer:

signature

date

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 Cut Here

automatic payment change

name _____

soc. sec. # _____ home phone () _____

mailing address _____

city/state/zip _____

vantria fcu acct # _____

routing & transit # 256078284

payee name _____

address _____

city/state/zip _____

account/policy # _____

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signature(s) to authorize transfer:

signature

date

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 Cut Here

automatic payment change

name _____

soc. sec. # _____ home phone () _____

mailing address _____

city/state/zip _____

vantria fcu acct # _____

routing & transit # 256078284

payee name _____

address _____

city/state/zip _____

account/policy # _____

The individual named at left has opened an account with Vantria Federal Credit Union. Effective _____ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

signature(s) to authorize transfer:

signature

date

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