

Switching is as easy as 1-2-3

ARC Federal Credit Union is here to serve you. We exist to provide services to help you grow financially. We are committed to providing quality financial products and services to our members. Just follow these 3 simple steps to become a member today!

1. Open your new account

- Apply online at www.arcfcu.org or visit either branch to open your new account.
- Once your account is opened, enroll in our online banking service and e-Statements.

2. Switch your Direct Deposit(s) and Automatic Withdrawal(s)

- Direct Deposit Authorization Form: Use this form to switch any direct deposits to your new account at ARC.
- Automatic Withdrawal Authorization: Use this form to switch any automatic withdrawals to your new account.

3. Close your old account

 Account Closure Authorization Form: Use this form to authorize the closure of your old account. Verify that all your automatic transactions have been switched to your new account and any outstanding checks and debit purchases have cleared and have the remaining balance sent to you to deposit into your new account at ARC.

Getting Started



The staff member helping you open your account will provide your new ARC account number. If you are opening your account online, your account number while be provided when signatures are recorded on account authorization forms. If you have trouble locating this number, please contact us at 814-946-0857, option 3.

1. For your reference, your new:				
ARC Federal Credit Union Account Number is				
ARC Federal Credit Union ABA Routing Number is 231379306				
ARC Federal Credit Union Address is 1919 7th Avenue, Altoona, PA	16602			
2. Please use the table below to record your automatic deposits or without	drawals:			
Direct Deposits				
Date Company Name				
Automatic Withdrawals				
Date Company Name				
*Amounts may vary				
3. Your previous account number and ABA routing number are:				
Former Bank Name				
Former Bank Name Former Account #				

Direct Deposits are recurring payments automatically deposited into your account on a regular basis. (ex: payroll, social security, alimony, dividends, or disability payments)

Automatic Withdrawals are recurring payments automatically withdrawn from your account on a regular basis. (ex: mortgage payments, gym memberships, or insurance premiums)

In order to complete the switch to ARC FCU, you will need to contact the companies you have listed to the left and make them aware of your new banking relationship. They may require additional documents.

Your **ABA Routing Number** is the group of nine (9) numbers found on the bottom of your checks.

Direct Deposit Authorization VARC

This form can be used to authorize your employer, retirement and pension funds, or any other depositing agencies to deposit directly into your ARC Federal Credit Union account. Use one form for each Direct Deposit. Make copies as needed.

Employer/Depositor		
Address		Direct Deposit is a secure, fast and convenient way to have your money
City, State, Zip		automatically deposited into your account.
Phone Number		
Employee ID (if applicable)		Things to Consider:
Effective immediately, please deposit the notate ARC Federal Credit Union 1919 7th Avenue Altoona, PA 16602 Check your desired option. Be sure to include your avoided check to this form from your new ARC Federal	et amount of my check to: account number. You may also attach a al Credit Union account.	 Confirm your automatic deposit is being deposited into your new ARC Federal Credit Union account before closing your old. Automatic deposits can take up to three deposit periods before they appear in your ARC Federal Credit Union account. Some companies or organizations, like the Social Security Administration (1.800.772.1213)
 Net amount to ARC Federal Credit Union Account # Net amount to ARC Federal Credit Union 	ABA/Routing # 231379306	may require a special form. Please contact the company or income source to make sure that no other forms are required.
Account #	ABA/Routing # 231379306	Direct Deposit Checklist:
This authorization shall remain in place until I have su authorization is changed or revoked by me in writing		Employee payroll
Signature:	Date:	Investment Income
Please Print		Pension/Retirement Income
Name:		Social Security Administration Other
Address:		
City, State, Zip:		Your savings federally insured to at least \$250,000 and backed by the full faith and credit of the United States Government

Phone Number:

Automatic Withdrawal Authorization

Phone Number:



This form can be used to authorize a change to any automatic withdrawals or deductions, such as your mortgage company, auto insurance, or gym membership fee. Use one form for each automatic withdrawal. Make copies as needed. *Note: If you have used your debit/credit card for automatic withdrawals, you will need to contact these companies and provide them with your new ARC Federal Credit Union debit or credit card.

Name of Company:	
Account Number:	As an alternative to automatic
Payment Amount:	withdrawals, use our free Online Bill Pay. You have the control directly from a secure online banking session.
Address:	nom a secure offilite ballking session.
City, State, Zip:	
Phone:	Things to Consider:
Please discontinue my automatic withdrawal from the following account:	Confirm your automatic withdrawal is being withdrawn from your new
Previous Financial Institution:	ARC Federal Credit Union account before closing your old account. • Automatic withdrawals should take
ABA/Routing Number:	effect within two withdrawal periods. • Some companies or organizations
Account Number:	may require a special form. Please contact the company to make sure
Please make all future automatic withdrawals from the following account:	that no other forms are required.
Financial Institution: ARC Federal Credit Union 1919 7th Ave, Altoona, PA 16602	
ABA/Routing Number: 231379306	Automatic Withdrawal Checklist:
Account Number:	Cable
This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.	Cell Phone
Signature: Date:	Credit Card
Name:	Insurance
	Other (gym membership, etc.)
Address:	
City, State, Zip:	

Account Closure Authorization



This form can be used to authorize the closure of your account at your previous financial institution. Be sure to verify that any outstanding items have cleared and your direct deposit and/or automatic withdrawals have switched to your new account.

Financial Institution:		
Address:		
City, State, Zip:		
Please close my account:		
Account Number:		
Primary Owner:		
Address:		
City, State, Zip:		
Please send a check for the remaining balance to address at the bottom of the page. You may contact me using the information below if you require any additional information or authorizations to close the account. I have also made arrangements to discontinue any direct deposit and/or automatic withdrawal of funds to/from my account(s) with your financial institution.		
Primary Signature:	_ Date:	
Joint Signature:	_ Date:	
Please Print		
Name:		
Address:		
City, State, Zip:		
Phone Number:		

Once all your items have cleared and your direct deposit or automatic withdrawals have switched, be sure to close your old account.

Things to Consider:

 Your old financial institution may require additional forms or a written request to close accounts. Contact your old financial institution to make sure no other forms are required.