

Welcome to Campus Federal!

Please find attached the following Switch Kit forms:

- Automatic Payment Change Form (ACH/Electronic Transactions)
- Authorization Agreement for Electronic Payments through ACH
- Direct Deposit
- Close an Account

Switch Kit Reminders

- Notify old bank that you are closing your account.
- Send notification to companies who make automatic withdrawals from your account that you have a new account.
- Send notification to direct deposit companies that you have a new account.
- Enclose a voided check or deposit slip from your new account when setting up or switching your direct deposit.
- Cancel any payments being made through Online Banking on your old account.
- Allow up to ten (10) business days for checks to clear on your old account.
- Destroy any unused checks, deposit clips, Check cards and/or ATM cards from your old account.



P.O. Box 98036, Baton Rouge, LA 70898-9036

888.769.8841

www.campusfederal.org

Fax Number: 225.408.4919

AUTOMATIC PAYMENT CHANGE FORM (ACH/Electronic Transactions)

Please complete the form below. After printing the form please sign then either fax, mail, or bring into any of our locations.

Attention: _____ Today's Date: _____

If you have changed your account number and have payments automatically deducted from your account, you will need to inform the companies that automatically draft your account about the change.

To continue this useful service, simply fill out this Automatic Payment Change Form and forward it to those companies who automatically draft your account on a regular basis. They will change their records to reflect your new account number and proceed to draft your account as usual.

Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Company receiving payment : _____

Amount Of Payment : \$ _____

Previous Account Number : _____ Change to New Account Number : _____

Financial Institution :

Campus Federal, P.O. Box 98036, Baton Rouge, LA 70898-8036

Phone Number:

(225) 769-8841

Routing Number :

265473401

I hereby authorize this change in automatic payment effective : _____

Signature

Date



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ACH ORIGINATION

Please complete the form below. After printing the form please sign then either fax, mail, or bring into any of our locations.

Attention: _____ Today's Date: _____

Member Information

Member Name: _____ Member Number: _____

Social Security Number: _____

Transaction Information

Choose and complete section A or B after verifying correct routing and account number information at receiving Financial Institution. Complete payment options and sign below. ONLY SELECT ONE

New

Change

Cancel

Section A

DEPOSIT to my Campus Federal: Loan #: _____ Checking #: _____ Savings #: _____

WITHDRAW from my: Checking Savings

Routing Number: _____ Financial Institution: _____

Account Number: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Section B

WITHDRAW from my Campus Federal: Checking #: _____ Savings #: _____

DEPOSIT to my : Checking Savings

Routing Number: _____ Financial Institution: _____

Account Number: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

Payment Amount/Frequency Information

Note: Campus Federal needs to receive this form **15 days** before your selected start date.

Amount: \$ _____ Start Date: _____

Stop Date: _____

Select Frequency

Monthly, on Day # _____

Semi-Monthly, on Day #1 _____ on Day #2 _____

Bi-Weekly, (Mon - Fri) on _____

Weekly, (Mon - Fri) on _____

One Time, (date): _____

Terms and Conditions

This authorization is to remain in effect until Campus Federal has received notification from me (or joint owner), in writing of its termination in such time and manner as to afford Campus Federal a reasonable opportunity to act on it, or until Campus Federal loan is paid in full. If necessary, I authorize Campus Federal to make debit or adjustment entries for credits made in error.

In the event that this payment is returned to us or funds are unavailable for any reason, I agree to pay an additional return charge at the current rate in effect as published in the Campus Federal Fee Schedule.

Signature

I authorize Campus Federal to originate the ACH transactions selected above.

Signature

Date

Daytime Phone Number

CAMPUS FEDERAL USE ONLY

Employee Name: _____

Teller #: _____



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DIRECT DEPOSIT

Please complete the form below. After printing the form please sign then either fax, mail, or bring into any of our locations.

Attention: _____ Today's Date: _____

NEW

CHANGE

CANCEL

Name: _____ Social Security Number: _____

I hereby authorize Louisiana State University (LSU) to initiate and to make credit entries or debit entries and to make adjustments for any credit entries in error to my account at the indicated financial institution, and I hereby authorize the indicated financial institution to accept and to post such entries to my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to the LSU Office of Accounting Services, Payroll Division, 204 Thomas Boyd Hall, with sufficient time to afford LSU and the financial institution a reasonable opportunity to take the requested action. This authorization may be terminated at any time by LSU.

I hereby authorize LSU to provide a copy of this authorization to any institution participating in NACHA and the Southern Financial Exchange.

Financial Institution: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____ Check One: Checking Account Savings Account

Employee's Signature

Date

Type of Employee (Check One)	(LSU Only)
<input type="checkbox"/> Academic (9 month)	
<input type="checkbox"/> Salary/Academic/GA (12 months)	
<input type="checkbox"/> Civil Service or Transient (paid biweekly)	
Entry Date: _____	
By: _____	

For account verification, attach voided check.

DO NOT USE STAPLES



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Account Closing Form

Please complete the form below. After printing the form please sign then either fax, mail, or bring into any of our locations.

Attention: _____ Today's Date: _____

Financial Institution Name

Customer Name(s)

Financial Institution Address

Customer Address

City State Zip

City State Zip

To Whom It May Concern:

Please close my account, effective today's date, and send a check for the remaining balance to my address above.

I understand that all checks, automatic debits and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic debits and automatic deposits.

Name(s) on Account

Name(s) on Account

Account Number

Type of Account

Account Number

Type of Account

If you have any questions, please contact me at the following number:

Phone Number

Day / Evening (choose one)

**Thank you for your prompt attention to this matter.
Sincerely,**

Customer Signature

Customer Name (Print)

Date