Automatic Payments

Switch Form

To switch your existing auto drafts from another financial institution to Guardian Credit Union, complete and submit this form to the company or organization currently posting automatic withdrawals to your checking account at the other institution.

PLEASE PRINT

Previous Financial Institution Information:

deposits to your new GCU checking account.

Please Note: It can take more than one hilling pay perio	nd for companies to switch automatic po	ovments ded	uctions and direct
Signature X	Date		
☐ I hereby authorize a change in Automatic Payment fro ing account. Please make this previous change effective or		v Guardian (Credit Union check-
Account No.			
Routing No. 262276410			
334.244.9999			
Montgomery, AL 36104			
Guardian Credit Union 418 Madison Avenue			
New Financial Institution Information:			
Name of Employer:			
City:		State:	Zip:
Street Address:			
Social Security No.:		Daytime Phone No.:	
Name:			
Member Information:			
Amount of Payment \$:			
City:		State:	Zip:
Street Address:			
Account No.:			
Name of Financial Institution.			



Checking Account

Switch Form

To close your existing checking account at another financial institution, complete and submit this form to the institution where the checking account resides.

PLEASE PRINT

Previous Financial Institution Information:

Name of Financial Institution:				
Street Address:				
City:		State:	Zip:	
Checking Account No.:				
Member Information:				
Name:				
Social Security No.:	ty No.:		Daytime Phone No.:	
Joint Owner (if applicable):				
Please close my account and send the Guardian Credit Union 418 Madison Avenue Montgomery, AL 36104 334.244.9999 Routing No. 262276410 Account No.				
☐ I hereby authorize the closing of my checking deposits and automatic payments have been stopped in the control of the contr		cleared the account to b	e closed, and all direct	
Signature X	Date			
Joint Signature X	Date			



Direct Deposits

Previous Financial Institution Information:

Switch Form

Name of Financial Institution:

To switch your existing direct deposit from another financial institution to Guardian Credit Union, complete and submit this form to any company or organization currently posting direct deposits to your account.

your account. PLEASE PRINT

Account No.:			
Street Address:			
City:	State:	Zip:	
Member Information:	-		
Name:			
Social Security No.:	Daytime Phone	Daytime Phone No.:	
Street Address:			
City:	State:	Zip:	
Name of Employer:			
New Financial Institution Information:			
Guardian Credit Union 418 Madison Avenue Montgomery, AL 36104 334.244.9999			
Routing No. 262276410			
Account No			
☐ I hereby authorize a change in Direct Deposit from the previous institution listed a checking account. I have attached a copy of a voided check for reference. Please make			
Signature X Date			
Please Note: Your employer may require additional paperwork to change your dire	ct deposit to your new o	hecking account	

