



## Switching Automatic Payments:

Do you have automatic payments or withdrawals made from your old account? This could include payments to:

- Insurance companies (Auto, Home, Life)
- Utility companies
- Telephone (Home, Cell)
- Student Loans
- Credit Cards
- PayPal / Amazon
- E-ZPass®

To have these payments made from your new Ocean Financial account simply complete an "Automatic Payment Request Form" for each payee.

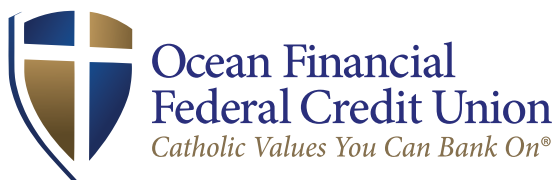
**Need Help?** Just stop by any Ocean Financial branch and we will be happy to complete and mail the form for you.

## Transferring Online Banking Payees:

Do you use your old bank to pay bills online? If you do, you'll want to sign up for Ocean Financial Online Banking and Bill Pay.

- Log on to your old Financial Institution's online banking site and select the option to view your payees.
- Print the details to use when you set up your Ocean Financial Bill Pay service.
- Cancel recurring payments from your old Financial Institution to avoid paying a bill twice.

If you have any questions, please don't hesitate to call 516.620.8100 or visit your local branch.



**AUTOMATIC PAYMENT REQUEST FORM**

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

COMPANY PHONE: \_\_\_\_\_  
FAX

MEMBER NAME: \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

MEMBER PHONE: \_\_\_\_\_  
HOME PHONE WORK PHONE

**To Whom it May Concern:**

You are currently withdrawing: \$ \_\_\_\_\_  
AMOUNT

For: \_\_\_\_\_  
SPECIFY WHAT PAYMENT IS FOR

From: \_\_\_\_\_  
FINANCIAL INSTITUTION NAME

Routing Number: \_\_\_\_\_  
FOR FINANCIAL INSTITUTION

Account Number: \_\_\_\_\_

As of: \_\_\_\_\_, please start making this automatic withdrawal from  
DATE

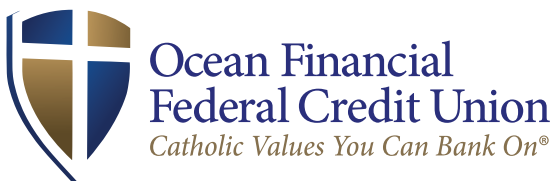
my new account at: **OCEAN FINANCIAL FEDERAL CREDIT UNION**  
**ROUTING NUMBER: 221478877**  
**ACCOUNT NUMBER:** \_\_\_\_\_  
NEW OFFCU MEMBER # / CHECKING ACCOUNT #

If you have any questions about this request please contact me at:

\_\_\_\_\_  
PHONE # WHERE YOU CAN BE REACHED

\_\_\_\_\_  
SIGNATURE DATE

Complete and send this form to **each** company where you have an arrangement for automatic withdrawal. Print one form for **each** company. Don't forget to change any automatic payments set up with a **debit** number.





## Switching Direct Deposits:

To begin or transfer direct deposits, the following information is needed:

- Employer or deposit initiator's name and address
- Ocean Financial account number
- Ocean Financial ACH routing/transit number: **221478877**

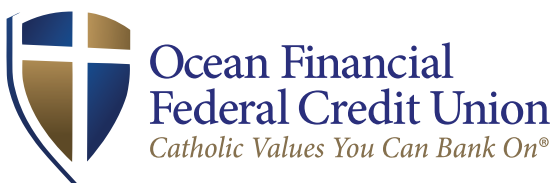
Typical sources for direct deposit include:

- Employer's human resource department
- Company handling your retirement/pension
- Social Security Administration

Complete the attached "Direct Deposit Request Form" for each organization.

Need help? Just stop by any Ocean Financial branch and we will be happy to complete and mail the form for you.

If you have any questions, please don't hesitate to call  
516.620.8100 or visit your local branch.



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FORM #110 - 3/6 | AS OF 1/29/2019

**DIRECT DEPOSIT REQUEST FORM**

COMPANY NAME: \_\_\_\_\_  
e.g. SOCIAL SECURITY ADMINISTRATION

COMPANY ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

COMPANY PHONE: \_\_\_\_\_  
FAX

MEMBER NAME: \_\_\_\_\_

MEMBER ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

MEMBER PHONE: \_\_\_\_\_  
HOME PHONE WORK PHONE

**To Whom it May Concern:**

You are currently depositing my paycheck to the following account:

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_  
FOR FINANCIAL INSTITUTION

Account Number: \_\_\_\_\_

As of: \_\_\_\_\_, please start making this automatic deposit into my account at:  
DATE

**OCEAN FINANCIAL FEDERAL CREDIT UNION**

**ROUTING NUMBER: 221478877**

**ACCOUNT NUMBER:** \_\_\_\_\_  
OFFCU ACCOUNT NUMBER

If you have any questions about this request please contact me at:

\_\_\_\_\_  
PHONE # WHERE YOU CAN BE REACHED

\_\_\_\_\_  
SIGNATURE DATE

Complete and send this form to **each** company where you have an arrangement for deposits to your account.





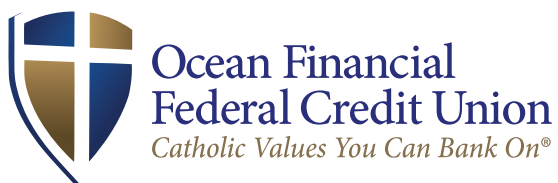
## Closing your Old Account:

First, stop using your old checking account, but keep enough funds in it to cover any outstanding checks, automatic withdrawals and automatic payments.

Verify that your last check, automatic withdrawal and automatic payment has cleared. Once they have, you are ready to close your old account by completing the attached "Close Account Request Form."

Need help? Just visit any Ocean Financial branch and we will be happy to complete the Switch Kit forms for you. We'll even mail them for you, free of charge.

If you have any questions, please don't hesitate to call  
516.620.8100 or visit your local branch.



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FORM #110 - 5/6 | AS OF 1/29/2019

**CLOSE ACCOUNT REQUEST FORM**

OTHER FINANCIAL INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

**To Whom it May Concern:**

Please accept this letter as authorization to close account # \_\_\_\_\_ at your institution and send a check for the remaining balance to my address below. If you have questions please contact me at \_\_\_\_\_

I understand that I will need to verify all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

_____	_____
<b>MEMBER NAME PRINTED</b>	<b>JOINT MEMBER NAME PRINTED</b>
_____	_____
<b>MEMBER SIGNATURE</b>	<b>JOINT MEMBER SIGNATURE</b>
_____	_____
<b>DATE</b>	<b>DATE</b>

YOUR NAME: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

