

ACCOUNT SWITCH KIT

We make it easy to switch your current accounts to Rebels CU. Just complete the attached forms and follow the steps listed below. It's that easy!

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT*

Give this coupon to your employer's payroll manager to have your regular payments electronically deposited into your Rebels CU account.

If you have Social Security benefits, sign in to your Social Security account to direct your benefits to your Rebels CU account.

AUTHORIZATION TO CLOSE MY ACCOUNT*

It's a good idea to close out that old checking account once all the checks have cleared and move the money to an Rebels CU account. Simply fill out this coupon and mail or give it to your old bank to instruct them to close your account and send you your remaining balance.

AUTHORIZATION TO CHANGE MY AUTOMATIC PAYMENT*

If you have any payments automatically deducted from an account at another financial institution, why not move them to Rebels CU for safe, secure automatic payments? Just give a completed coupon to the company or creditor you are paying and they will begin taking the payment out of your Rebels CU account.

Contact us at 702-776-6900 or 1-877-531-3711 (toll free), or visit any branch.

* Note: Some employers, businesses or institutions may have additional requirements to process your request.

Rebels CU is a division of Aloha Pacific Federal Credit Union
Federally insured by NCUA.

Authorization to Change My Direct Deposit



Name _____

Address _____

City _____ ST _____ Zip _____

Employer _____

Soc. Sec. Number _____

Please redirect my direct deposit to my account with
Rebels CU account as follows:

Bank Routing Number: **321379148**

Account Number: _____

Account Type:

☐ Checking

☐ Savings

I hereby authorize to have my direct deposit switched to my account with Rebels CU.

Signature _____ Date _____

Federally insured by NCUA.

Authorization to Close My Account



To: _____
Name of previous financial institution

Account No: _____
Previous Account Number

Name _____

Address _____

City _____ ST _____ Zip _____

This letter serves as authorization to close my account. Please send
me a check for the remaining balance to the address shown at right.

Signature _____

Date _____

Print Name _____

Joint Owner's Signature _____

Date _____

Print Joint Owner's Name _____

Federally insured by NCUA.

Authorization to Change My Automatic Payment



Effective _____ I hereby authorize to change my
automatic payments to the company listed below to come from my account
with Rebels CU.

Pay to: _____
Company to be paid by automatic payment

Account/Policy No: _____

Name _____

Address _____

City _____ ST _____ Zip _____

Please update my payment information to my account
with Rebels CU as follows:

Bank Routing Number: **321379148**

Account Number: _____

Account Type:

☐ Checking

☐ Savings

Federally insured by NCUA.