Get More When You Switch to All Access Checking

- No Monthly Service Fee
- FREE & Unlimited ATM Withdrawals*
- Dividends Paid on Every Dollar
- FREE Web Bill Pay, Home Banking, & eStatements
- Visa[®] Check Card
- No Minimum Balance or Direct Deposit Requirement
- Access to more than 80,000 Surcharge-free ATMs
 Nationwide
- and more!

Just Follow these Easy Steps:

STEP 1

Open your All Access Checking Account with Georgia's Own Credit Union online at georgiasown.org. You can also stop by any Branch Office or call 404.874.1166 or 800.533.2062 to start enjoying the advantages of All Access Checking.

STEP 2

Use the Start Direct Deposit Form to start direct deposit or switch it from another financial institution.

STEP 3

Complete the Switch Automatic Payments Form and give to any company or payee who is automatically debiting funds for bills or other reasons.

STEP 4

Once you know your direct deposit and/or pre-authorized payments are going to your All Access Checking Account, and all of your checks have cleared your old checking account, submit the Close Account Form to your old financial institution.

*Other fees may appl



Contact Us

Member Services

404.874.1166 (Local) 800.533.2062 (Nationwide) 8 AM - 6 PM Monday - Friday 9 AM - 1 PM Saturday

TELE-TALK*Plus*

404.874.0242 (Local) 800.533.3817 (Nationwide) 24-hours a Day

24-hour Loan Service

404.874.1166 (Local) 800.533.2062 (Nationwide) georgiasown.org

Mortgage Department

404.874.1166 (Local) 800.533.2062 8 AM - 5 PM Monday - Friday georgiasown.org

VISA Department

404.874.1166 (Local) 800.533.2062 8 AM - 5 PM Monday - Friday georgiasown.org

View all of our product brochures online at georgiasown.org/brochures



GEORGIA'S

CREDIT UNION



P.O. Box 105205 Atlanta, GA 30348 georgiasown.org

Switch Kit



CREDIT UNION

Start Direct Deposit

Submit this form* to your employer or any company that you wish to automatically deposit funds to your Georgia's Own Checking or Savings Account.

Please Print

Name		
Address		
City	State	Zip

Phone Number

Social Security Number

I hereby authorize my direct deposit/recurring income to be rerouted to my new Georgia's Own Credit Union Account. Please make this change effective ________(date).

New Financial Institution Information

Georgia's Own Credit Union 404.874.1166 or 800.533.2062 Routing/Transit Number: 261071438 Account Number_____

Choose One:

Checking Account	🗌 Net Amount
	Other Amount \$
Savings Account	🗌 Net Amount
	Other Amount \$

^
Signature

Date

*Your employer may require additional forms.

Switch Automatic Debits

Submit this form to any company or payee who is currently making automatic debits from my Checking or Savings Account. (You may make additional copies if necessary.)

Please Print

Name		
i ante		
Address		
City	Sta	te Zip
Phone Number		
Company Name		
Company Name		
Account Number		

□ Monthly □ Weekly □ Annually □ Quarterly

Payment Amount

I hereby authorize you to redirect future automatic payment withdrawals to my new Georgia's Own Credit Union Account. Please make this change effective ______ (date).

New Financial Institution Information

Georgia's Own Credit Union 404.874.1166 or 800.533.2062 Routing/Transit Number: 261071438 Account Number_____

Choose One:

Checking Account

Savings Account

X Signature

Date

Close Account

Submit this form to the financial institution where you will be closing your account(s). Any remaining balance will be sent to your new Georgia's Own Credit Union Checking Account.

Please Print

Address		
Checking Account Number		
I hereby authorize the of account. I have verified checks have cleared, an payments/debits have t this change effective	l that all my outst nd all my automat been stopped. Pl	anding ic
Primary Owner's Name		
Address		
City	State	Zip
Х		
Signature of Primary Owner		
J		
JOINT OWNER'S INFO	RMATION (if applical	ble)
JOINT OWNER'S INFO	RMATION (if applical	ble)
JOINT OWNER'S INFO	RMATION (if applical	ble) Zip
JOINT OWNER'S INFO		
JOINT OWNER'S INFO		
JOINT OWNER'S INFO	State	
JOINT OWNER'S INFO	State Date	
JOINT OWNER'S INFO	State Date Date nion	
JOINT OWNER'S INFO Joint Owner's Name Address City X Signature of Joint Owner Please Send Remainin Georgia's Own Credit U	State Date Date nion	