

SWITCH YOUR ACCOUNTS WITH EASE

At Barksdale Federal, we make it easy for you to change your checking account.

Step 1—Open your new BFCU Account

We offer a full range of checking account options to meet your financial needs.

Step 2—Switch over your automatic transactions

You will need to notify the companies that handle your automatic deposits and withdrawals of your change. The attached forms will help with your notifications, and we'll be happy to help you with any of these forms.

Examples of automatic withdrawals include:

- Mortgage
- Insurance (Life, Auto or Homeowners)
- Utility Companies
- Telephone or Cell Phone Companies
- Cable or Satellite Companies

Examples of automatic deposits include:

- Payroll
- Retirement or Pension
- Social Security
- Veterans Benefits

Step 3—Close your previous checking account

Once all of your outstanding checks have cleared and your direct deposits and withdrawals have been transferred to your new BFCU account, you can close your previous account.

To help you with the switch, we have included several forms to make your transition easier. You may use these forms to close your account(s) and change your direct deposit and automatic withdrawals. If you need help completing any of them, just stop by or give us a call.



CENTER LOCATIONS

Serving members since 1954

Administrative Center

2701 Village Lane
Bossier City, LA 71112
P.O. Box 9, BAFB, LA 71110-0009
318.549.8240
800.647.2328

Airline Center

2321 Airline Drive
Bossier City, LA 71111
318.629.8360

Alexandria Center

3500 Jackson Street
Alexandria, LA 71303
318.427.1284

Barksdale Center

700 Northgate Road
Bossier City, LA 71112
318.549.4079

Blanchard Center

200 Main Street
Blanchard, LA 71009
318.549.8248

Cotton Valley Center

106 Resident Street
Cotton Valley, LA 71018
318.629.8453

DeRidder Center

1995 N. Pine Street
DeRidder, LA 70634
337.463.7456

Eastbank Center

1560 E. 70th Street
Shreveport, LA 71105
318.629.8380

Fort Polk Center

1325 Bellrichard Avenue, Bldg. 825
P.O. Box Drawer 3913
Fort Polk, LA 71459-0913
337.653.1040

Jonesboro-Hodge Center

1026 S. First Street
Hodge, LA 71247
318.259.6634

Leesville Center

604 S. Sixth Street
Leesville, LA 71446
337.238.2413

Linton Road Center

115 W. Linton Road
Benton, LA 71006
318.549.8240

Mansfield Road Center

9134 Mansfield Road
Shreveport, LA 71118
318.686.4317

Market Street Center

519 Market Street
Shreveport, LA 71101
318.549.8125

Oakdale Center

1700 E. Whatley Road
363 Hwy 165N
P.O. Box 956
Oakdale, LA 71463
318.335.4698

Pines Road Center

6790 Pines Road
Shreveport, LA 71129
318.549.8240

S. Bossier Center

5490 Barksdale Boulevard
Bossier City, LA 71112
318.549.8242

TIME FOR A CHANGE



WE'LL MAKE IT EASY
WITH OUR SWITCH KIT



Federally Insured by NCUA

 CHANGE AUTOMATIC
WITHDRAWAL

Company Name

Address

City State Zip

You are currently withdrawing \$ _____ (amount) for my
_____ (what payment is for),
_____ (account or other identifier)
_____ (when) from the following account.

Previous Financial Institution

ACH Routing Number Account Number

Please stop making withdrawals from that account and instead
make them from:

Barksdale Federal Credit Union
Phone: 800.647.2328
ACH Routing/Transit Number: 311175093

Account Number _____

Account Type Checking Savings

Thank you.

Signature Date

Name (please print)

Address

City State Zip

Telephone Number



Tear Here

 AUTHORIZATION TO
SWITCH DIRECT DEPOSIT

Company Name

Address

City State Zip

For Social Security benefits, call 800.772.1213; direct deposit
arrangements can be made over the telephone.

Effective immediately, I authorize the above company to begin using
my account listed below for my direct deposit:

Barksdale Federal Credit Union
Phone: 800.647.2328
ACH Routing/Transit Number: 311175093

Account Number _____

Account Type Checking Savings

Thank you.

Signature Date

Name (please print)

Address

City State Zip

Telephone Number

Other information your employer may need
(SSN, Employee ID Number, etc.)



Tear Here

 AUTHORIZATION TO
CLOSE ACCOUNT

To: _____

Previous Financial Institution

Address

City State Zip

This form gives you the authorization to close
the following account(s):

Checking Account Number _____

Savings Account Number _____

On the closing date, please send the remaining balance with a
copy of this form to the address provided. Your prompt attention
to this request is appreciated.

Thank you.

Signature Date

Name (please print)

Address

City State Zip

Telephone Number

Joint Signature Date

