

It's Time to Make the Switch



It's **easy**. Print and Complete this Form. Bring it into the Credit Union.
Relax, we'll take care of the rest.

Switching to our Credit Union is easy and hassle free. And if you have questions, we're here to help. With this simple form you can:

- Open a New Account
- Close your Old Account
- Transfer your Direct Deposits
- Transfer your Automatic Payments

Plus with our Credit Union you'll have access to all of our great services including



Tell Us About Yourself

Open an Individual Account

Name _____
Address _____

Telephone _____
Email _____
Social Security # _____
Date of Birth _____
Employer _____

A representative will request a copy of your driver's license when you open your account.

Open a Joint Account

Name _____
Address _____

Telephone _____
Email _____
Social Security # _____
Date of Birth _____
Employer _____

A representative will request a copy of your driver's license when you open your account.

Start the Account

You must start your account with \$5.00. We can transfer this in automatically from your current account or a credit card. By signing this form you authorize the Credit Union to transfer money from your current checking account or charge your credit card for the amount specified to open this new account.

Transfer from my Existing Account

Name _____
Routing Number _____
Amount _____
Signature _____
Date _____

Charge to my Credit Card

Name on Card _____
Card Number _____
Billing Address _____

Amount _____
Signature _____
Date _____

Automatic Payment Checklist

Review this list for companies you may need to contact regarding your new checking account. Once you have notified them (using this form), these companies should establish automatic payments from your new account. If you have questions, please contact the Credit Union.

Mortgage	Loans	Cable
Investments	Insurance	Cell/Mobile
Telephone	Charities	Gym
Utilities	Credit Card	Internet

Remember to include your account number for each company so they can look up your account.

Name _____

Telephone _____

I hereby authorize you to redirect future automated payments to my new Credit Union Checking Account. I have attached a copy of a new voided check for reference. Please make this change effective as of ____/____/____.

Account Number _____

Signature _____

Date _____

Direct Deposit Change Notification

I hereby authorize direct deposit to be sent to my new Credit Union Checking Account. I have attached a copy of a new voided check for reference. Please make this change effective as of ____/____/____.

Name _____

Telephone _____

Account Number _____

Signature _____

Date _____

Previous Financial Institution

Name _____

Account Number _____

Address _____

City/State/Zip _____

New Financial Institution

Routing Number: _____

Checking Account Closure Authorization

Name _____

Telephone _____

Joint Owner _____

(If applicable)

Previous Financial Institution

Name _____

Account Number _____

Address _____

City/State/Zip _____

Please Mail Balances to:

Routing Number: _____

I hereby authorize the closure of my checking account. I have verified all my outstanding checks have cleared and all previous direct deposits and automatic payments have been stopped.

Signature _____

Joint Owner _____

Date _____