# **Getting Started**

### Making the switch to better banking today!

You can make the move to the Mutual Credit Union in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Mutual Credit Union, where you'll enjoy a better experience for all your banking needs!

#### Open your new account.

Visit mutualcu.org or your local branch to open your new Mutual Credit Union account(s).

### Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Mutual Credit Union.

#### Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Mutual Credit Union.





### **Direct Deposit Authorization**

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Mutual Credit Union account. Use one form for each direct deposit.

Notification of Di	Direct Deposit Checklist:		
Company or Employer:			Use this list to remember all your direct deposits you need to transfer. These are the most
Address:			common direct deposits.
City, State, Zip:			Payroll
Phone Number:			Investments
Employee ID:			Retirement Plans
(if applicable)			Social Security
Effective immediately, ple	ease deposit the net amount of my check	to my Mutual Credit	
Union account. I authorize	e (name of depositor)		
to automatically deposit fu	unds into the account below. This author	ization shall remain in	
place until I have submitte	ed a new authorization, or until this auth	orization is changed or	
revoked by me in writing.			
Place an X next to your desire	ed option.		
Net amount t	to Mutual Credit Union CHECKING		
Account #	Routing #	265378166	
Net amount t	to Mutual Credit Union SAVINGS		
Account #	Routing #	265378166	
Signature:	Date:		
Name:			
Address:			
City, State, Zip:			
Phone Number:			







### **Automatic Withdrawal Authorization**

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of	Withdrawal Auth	orization Cha	ange	Automatic Withdrawal Checklist:
Name of Company:				Use this list to remember all your
Account Number:				automatic payments you need to
Payment Amount:				transfer. These are some of the most commonly used automatic
Address:				payments.
City, State, Zip:				Home Mortgage
				Auto Loans
Phone Number:				Utilities
Please <b>change</b> my auto	matic withdrawal from the	e following account		Insurance
Financial Institution:				Cable/Internet
				Gym/Club Memberships
Account #		Bank Routing #		Credit Cards
Please make all <b>future</b> a	automatic withdrawals fro	m the following acc	ount:	Investments
Financial Institution:	Mutual Credit Union			Subscriptions
Account #		Bank Routing #	265378166	Charity Donations
Thank you very much	l.			
This authorization will rema	ain in effect until I have subm	nitted to you a new au	thorization, or until	
you have been notified by	me in writing that this autho	rization has been cha	nged or revoked.	
Signature:			Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number				





## **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new Mutual Credit Union account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization					
To Whom It May Concern:					
Financial Institution:					
Address:					
City, State, Zip:					
Please close my account:					
Account Number:	Primary Owner:				
Address:					
City, State, Zip:					
Please send the remaining balance to:					
Place an X next to your desired option.					
Please deposit directly to my new	account at Mutual Credit Union.				
Account #	Routing # 265378166				
Please forward me a check to my address listed below.					
Primary Signature:	Date:				
Joint Signature:					
Name:					
Address:					
City, State, Zip:					
Phone Number:					



