### 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 your local branch to open your new Mutual Credit Union account(s).

2

### 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.

3

### 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 Dir             | rect Deposit Authorization Change                                   |
|---------------------------------|---|
| Company or Employer:            |   |
| Address:                        |   |
| City, State, Zip:               |   |
| Phone Number:                   |   |
| Employee ID:<br>(if applicable) |   |
| Effective immediately, pl       | lease deposit the net amount of my check to my Mutual Credit        |
| Union account. I authori        | ze (name of depositor)  |
| to automatically deposit        | funds into the account below. This authorization shall remain in    |
| place until I have submit       | tted a new authorization, or until this authorization is changed or |
| revoked by me in writing        |   |
| Place an X next to your desi    | red option.   |
| Net amount                      | to Mutual Credit Union CHECKING                                     |
| Account #                       | Routing # 265378166   |
| Notamount                       | to Mutual Credit Union SAVINGS                                      |
| Account #                       | Routing # 265378166   |
| Account II                      | 100ding # 200070100   |
| Signature:                      | Date:   |
| Name:                           |   |
| Address:                        |   |
|                                 |   |
| City, State, Zip:               |   |
| Phone Number:                   |   |

### **Direct Deposit Checklist:**

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

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| Investment | - |
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|            |   |
|            |   |

\_\_\_\_ Retirement Plans

\_\_\_\_ Social Security





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# **Automatic Withdrawal 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 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 W        | /ithdrawal Authorization Change  |
|--------------------------|--|
| Name of Company:         |  |
| Account Number:          |  |
| Payment Amount:          |  |
| Address:                 |  |
| City, State, Zip:        |  |
| Phone Number:            |  |
|                          | matic withdrawal from the following account:   |
| Financial Institution:   |  |
| Account #                | Bank Routing #   |
| Please make all future a | utomatic withdrawals from the following account:   |
| Financial Institution:   | Mutual Credit Union  |
| Account #                | Bank Routing # <b>265378166</b>  |
| Thank you very much      |  |
|                          | nin in effect until I have submitted to you a new authorization, or until me in writing that this authorization has been changed or revoked. |
| Signature:               | Date:  |
| Name:                    |  |
| Address:                 |  |
| City, State, Zip:        |  |
| Phone Number:            |  |
|                          |  |

# Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

| Home Mortgage |
|---------------|
|---------------|

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## **Account Closure Authorization**

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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 Acco     | ount 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:        |                |                |                        |
| Account #                |                |                | it Union.<br>265378166 |
| Primary Signature:       |                |                | Date:                  |
| Joint Signature:         |                |                |                        |
| Name:                    |                |                |                        |
| Address:                 |                |                |                        |
|                          |                |                |                        |
| City, State, Zip:        |                |                |                        |



