**“No Hassle” Switch Kit Instructions**

We want it to be easy to switch your checking account to Community 1st Credit Union, so after you have opened your new checking account just follow these five simple steps and the switch will be complete! We’ll be happy to assist you filling in the information at the time you open your new account.

* **Open your Community 1st Credit Union checking account.**

You will need your new account number and routing number to switch your automatic payments or direct deposits.

* **Stop using your old checking account.**

Let all your checks and debits clear, but be patient - this could take up to 10 days. Be sure to destroy all of your unused checks, and ATM/Debit card(s). If you have no way to securely destroy unused checks, bring them to us and we will shred them for you.

* **Change any direct deposits.**

Fill out the attached form and give it to your employer, the Social Security Administration or your retirement plan administrator. They will want you to include a new deposit slip or voided check so they can verify information and ensure a smooth transition.

**Reference numbers and web addresses:**

Civil Service - 1 (888) 767-6738

Social Security - 1 (800) 772-1213         [http://www.ssa.gov](http://www.ssa.gov/)

Veterans Administration - 1 (800) 827-1000        [https://iris.va.gov](https://iris.va.gov/)

Postal Ease - 1 (877) 477-3273          https://liteblue.usps.gov

* **Change automatic payments.**

Use the attached forms to change or cancel all automatic withdrawals or automated payment services. If you would like to fill out the attached template and provide us with the information, we would be happy to facilitate the “switch” of all your automatic payments.

Many new members choose to use Community 1st Credit Union’s free BillPayer service for reoccurring or “one-time” payments. This service makes it easy to track payments, view payment histories, and schedule payments when you’re away. You control how much is paid and when to pay it, keeping you in control of your finances. It’s easy to set up and use and best of all it is FREE if you pay at least 1 bill every month.

* **Close your old checking account.**

After you are sure all pending transactions are complete, send in the enclosed form to close your old account. Any remaining balance can be sent directly to us to deposit for you.

**Direct Deposit/ Payroll Change Request**

|  |  |
| --- | --- |
| Employer Name:  |       |
| Company Address: |       |
|  |       |

|  |  |
| --- | --- |
| Employee Name:  |       |
| Address: |       |
| Address: |       |
| Phone Number: |       |

RE: Change of Direct Deposit

Please send my automatic direct deposit to my account at **Community 1st Credit Union.**

|  |  |  |  |
| --- | --- | --- | --- |
| Routing Number**: 3 2 5 0 8 2 0 1 7**  | Account Number: |  |  |

Please remit the funds via ACH to Community 1st Credit Union using the ABA Routing and account number noted above.

I hereby authorize the organization above to initiate deposit of my funds to my Community 1st Credit Union account. This authorization will remain in effect until I proved written notice of change or cancellation to the originating organization.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**Automatic Payment Change Notification**

|  |  |
| --- | --- |
| Company Name:  |       |
| Company Address: |       |
| Company Address: |       |

|  |  |
| --- | --- |
| Account Holder:  |       |
| Address: |       |
| Address: |       |
| Phone Number: |       |

To Whom It May Concern:

I have recently switched financial institutions and need to change my automatic withdrawal.

|  |  |  |
| --- | --- | --- |
| You are currently withdrawing | $      |  |
| For account number  |       |  |
| On |       | (date of the month) |
| Please start making these automatic withdrawals from my checking account at  |
| **Community 1st Credit Union** effective |  |  |
| Routing Number:  | **3 2 5 0 8 2 0 1 7**  |  |
| Account Number |  |  |

I hereby authorize the organization above to change my automatic payment. This authorization will remain in effective until I provide written notice of change or cancellation.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**Account Closure Request**

|  |  |
| --- | --- |
| Financial Institution Name:  |       |
| Address: |       |
| Address: |       |

|  |  |
| --- | --- |
| Account Holder:  |       |
| Account Holder: |       |
| Address: |       |
| Address: |       |
| Phone Number: |       |

To Whom It May Concern:

Please accept this letter as authorization to close my account

|  |  |
| --- | --- |
| Name on the Account: |       |
| Closing Account Number: |       |

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier’s check made out to my new account at Community 1st Credit Union:

|  |  |  |  |
| --- | --- | --- | --- |
| Routing Number**: 3 2 5 0 8 2 0 1 7**  | Account Number: |  |  |

 **Community 1st Credit Union**

 **P.O. Box 55909**

 **Shoreline, WA 98155**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Primary Signature |  | Date |
| Joint Signature |  | Date |
| Joint Signature |  | Date |

**Automatic Payment Template**

Simply complete this form and we take care of the rest! This template can be used to provide us with the information to change all your direct payments and direct deposits. We will provide authorization forms for you to sign and we will mail them to the companies!

This is just another service we provide that shows that at Community 1st Credit Union we put your banking needs first.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | Account Number | Amount | Payment Date |
| Mailing Address | Phone Number |
| Company Name | Account Number | Amount | Payment Date |
| Mailing Address | Phone Number |
| Company Name | Account Number | Amount | Payment Date |
| Mailing Address | Phone Number |
| Company Name | Account Number | Amount | Payment Date |
| Mailing Address | Phone Number |
| Company Name | Account Number | Amount | Payment Date |
| Mailing Address | Phone Number |
| Company Name | Account Number | Amount | Payment Date |
| Mailing Address | Phone Number |