Getting Started

Making the switch to better banking today!

You can make the move to Community 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 Community Credit Union, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or <u>book an appointment</u> to open your new Community 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 Community 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 Community 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 Community 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
Address:			to transfer. These are the most 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 cheo	k to my Community	
Credit Union account. I a	authorize (name of depositor)		
to automatically deposit f	funds into the account below. This auth	prization shall remain in	
place until I have submit	ted a new authorization, or until this au	horization is changed or	
revoked by me in writing.			
Place an X next to your desir	ed option.		
Net amount	to Community Credit Union CHECKING		
Account #	Routing	# 211287942	
Net amount	to Community Credit Union SAVINGS		
Account #	Routing	# 211287942	
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 Authorization Char	ıge	Autom Check	atic Withdrawal
Name of Company:				s list to remember all your
Account Number:			automat	tic payments you need to
Payment Amount:				. These are some of the mmonly used automatic ts.
Address:				Home Mortgage
City, State, Zip:				Auto Loans
Phone Number:				Jtilities
Please cancel all autom	atic withdrawals from my old institution :			nsurance
Financial Institution:				Cable/Internet
Account #	Bank Routing #			Gym/Club Memberships
,			(Credit Cards
Please make all future a	utomatic withdrawals from my new institution :		I	nvestments
Financial Institution:	Community Credit Union		\$	Subscriptions
Account #	Bank Routing #	211287942	(Charity Donations
	ain in effect until I have submitted to you a new authome me in writing that this authorization has been change			
Signature:	Da	te:		
Name:				
Address:				
City, State, Zip:				
Phone Number:				





Account Closure Authorization

Community Credit Union

You can authorize your remaining balance to be deposited automatically to your new Community 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 A	Congratulations!	
To Whom It May Conce Financial Institution:		You had to sign your name a few timesbut submitting these forms completes your switch to a truly better banking experience. We can't
Address: City, State, Zip:		Welcome to Community Credit Union!
Please close my accourt	nt:	
Account Number:	Primary Owner:	
Address:		
City, State, Zip:		
Please send the remain Place an X next to your des		
Account #	Routing # 211287942	
Please forwa	ard me a check to my address listed below.	
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		

