

## Making the switch to better banking today!

You can make the move to Med5 FCU in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Med5 FCU, where you'll enjoy a better experience for all your banking needs!

# 1

### Open your new account.

Apply online in minutes or visit your local branch to open your new Med5 FCU 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 Med5 FCU.

# 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 Med5 FCU.

# 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 Med5 FCU account. Use one form for each direct deposit.

## Notification of Direct Deposit Authorization Change

Company or Employer:

Address:

City, State, Zip:

Phone Number:

Employee ID:   
(if applicable)

Effective immediately, please deposit the net amount of my check to my Med5 FCU account. I authorize (name of depositor)  to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option.

Net amount to Med5 FCU CHECKING  
Account #  Routing #

Net amount to Med5 FCU SAVINGS  
Account #  Routing #

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.

- Payroll
- Investments
- Retirement Plans
- Social Security

# 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 Withdrawal Authorization Change

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone Number:

Please cancel all automatic withdrawals from **my old institution:**

Financial Institution:

Account #  Bank Routing #

Please make all future automatic withdrawals from **my new institution:**

Financial Institution:

Account #  Bank Routing #

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by 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
- Auto Loans
- Utilities
- Insurance
- Cable/Internet
- Gym/Club Memberships
- Credit Cards
- Investments
- Subscriptions
- Charity Donations

# Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Med5 FCU 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 Med5 FCU.  
Account #  Routing # **291479660**

Please forward me a check to my address listed below.

Primary Signature:  Date:

Joint Signature:

Name:

Address:

City, State, Zip:

Phone Number:

## Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to Med5 FCU!