# express Scredit union





# **Getting Started**

#### MAKE THE SWITCH TO BETTER BANKING TODAY!

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

1

### OPEN YOUR NEW ACCOUNT.

Apply online in minutes or visit your local branch to open your new Express account(s).

2

# SWITCH YOUR DIRECT DEPOSITS AND AUTOMATIC WITHDRAWALS.

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

3

### CLOSE YOUR OLD ACCOUNT.

Now you're ready to switch. Simply fill out the provided form to close your old account(s). Any remaining account balance will be transferred to Express.



# **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 Express CU account. Use one form for each direct deposit.

## NOTIFICATION OF DIRECT DEPOSIT **AUTHORIZATION CHANGE** Company or Employer: Address: City, State, Zip: Phone Number: Fax Number: Employee ID: Effective immediately, please deposit the net amount of my check to my Express 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. Mark your desired option. Net Amount to Express Credit Union CHECKING Account # Routing # Net Amount to Express Credit Union 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 might need to transfer. These are the most common direct deposits:

| <br>Payroll          |
|----------------------|
| <br>Investments      |
| <br>Retirement Plans |
| <br>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. Many companies and agencies also make it easy to change your account on record online.

| NOTIFICATION OF WITHDRAWAL AUTHORIZATION CHANGE                          |                                     | AUTOMATIC<br>WITHDRAWAL  |
|--|-------------------------------------|--|
| Company or Employer:   |                                     | CHECKLIST:   |
| Address:   |                                     | Use this list to remember all your automatic payments you might need to transfer. These are some of the most commonly used automatic payments: |
| City, State, Zip:  |                                     |  |
| Phone Number:  |                                     |  |
| Fax Number:  |                                     | Home Mortgage  |
| Employee ID:   |                                     | Auto Loans   |
| Please <b>change</b> my automatic withdrawal from the following account: |                                     | Utilities  |
| Financial Institution:   |                                     | Insurance  |
| Account #  | Routing #                           | Cable/Internet   |
| Please make all <b>future</b> automatic withdrawals from the             |                                     | Gym/Club Membership  |
| following account:   |                                     | Credit Cards   |
| Financial Institution: Express Credit Union                              |                                     | Investments  |
| Account #  | Routing #                           |  |
| Authorization  |                                     | Subscriptions  |
| This authorization will remain in effect until I have submitted to you   |                                     | Charitable Donations   |
| a new authorization, or until you he that this authorization has been cl | have been notified by me in writing |  |
|  |                                     |  |
| 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 Express 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: Mark your desired option. Please deposit directly to my new account at Express Credit Union. Routing # Account # Please forward me a check to my address listed below. **Primary Signature:** Date: **Secondary 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 **Express Credit Union!** 

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.







