

## Switch Kit



Easy as 1-2-3!

## So easy to switch...

What you'll do

- 1. To close an existing account, provide that account information.
- 2. To authorize a **Direct Deposit** or an **Automatic Payment**, provide the depositor or payee information.
- 3. Mail or deliver completed forms to any Central Missouri Community Credit Union (CMCCU) branch.
- 4. Sign letter(s) of **transfer authorizations**. Too much trouble? Stop by any of our branches and we'll fill out all the forms for you! Or contact us at:

660-747-3311 Warrensburg 660-826-6922 Sedalia 816-776-5593 Richmond

## Any questions?

- Q. What should I do with the checks I already have?
- A. Bring them with you. We'll shred them for free.

Q. What about free checking?

- A. Our checking has no monthly service charges or per-check fees.
- Q. Will it be a hassle to switch my direct deposits and automatic payments?
- A. No. We'll do everything we can for you.
- Q. What do I tell my old bank?
- A. We made you an offer you couldn't refuse!

## Important Information

Some companies require the use of their own forms to initiate the switching of accounts. In order to help facilitate this change from your existing account to your new CMCCU account, we may ask you to provide your current banking information, including a previous bank statement and any forms supplied to you by your employer or party originating the debit or credit.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account we will ask your name, address, date of birth, and other information that allows us to identify you. We will also ask to see your current driver's license, current address or other identifying documents.

## Let CMCCU Save You Money

CMCCU strives to help our members save money by offering a variety of free services. Ask your credit union representative about these services.

CMCCU can review your credit report and contact you with some options we believe will benefit you with absolutely no obligation.





## CHECKLIST

At Central Missouri Community Credit Union we make it easy for you to maximize your money and time. We make it simple for you to switch all your accounts to CMCCU and use us as your primary financial institution. We want to be your financial partner!

Each form enclosed in this booklet will assist you in making the switch. Simply fill out the forms enclosed and mail them to the appropriate entities. A checklist is also included to assist you with closing your existing checking account. If you have questions, please feel free to call.

#### Free Financial Review

If you wish to visit with a Loan Specialist to review your credit report and discuss options that may benefit you, simply fill out the form to begin.

#### Direct Deposit Form or Payroll Deduction Direct Deposit Authorization

If your employer offers Direct Deposit or Payroll Deduction, simply fill out the proper form. For Social Security and Federal Payments, fill out the Social Security/Retirement/Federal Government Direct Deposit form. We will mail it for you or you may take it to your payroll department and/or nearest Social Security office.

#### **V**Automatic Transfer Forms

If you have funds automatically withdrawn from your checking account each month (i.e., mortgage, utility billing, and insurance) fill out a form for each item and mail to those companies.

#### Checking Account Closure Form

This letter requests your previous financial institution to close your existing account and transfer funds to your Central Missouri Community Credit Union account. Fill out the form, mail, or take in to your financial institution. Please refer to the checklist before sending this letter.

#### Additional copes available upon request.



## Free Financial Review

Name		
Address	City, State, Zip	
Do you 🗌 Own a Home	Rent Other	
Social Security #	Phone	
Best time to call	_	
Reason for review (if applicable) _		
By signing below, I authorize Centra	Il Missouri Community Credit U	nion to review my credit report. I

understand that CMCCU will retain any information obtained for this report.

Signature

Date



## Payroll Deduction Direct Deposit Authorization

Initial Authorization	Change in Authorizatio	n	
Name	Acc	ount #	
Employer	SSN	I/TIN	
Employer Address			
Home Phone	Work Phone	Pay	roll #
each payroll period following rece instruct my Employer to cancel m for bankruptcy, my Employer and	ipt of this authorization until further	notice from me. If this is a ch ow this authorization. If I fail to ake and apply deductions with	o cancel this authorization upon filing h this authorization.
Credit Union R/T No: 30	1282064	∐ Bi-week	ly 🗌 Semi-Monthly
Deposit to: Savings/	Share 🗌 Checking/Draft	Account No:	
x			
Signature		Effective Date	

Complete this form and submit it to your payroll office or return to Credit Union and we will mail it for you. Your payroll office may have another form for you to complete. This form is intended to be an easy way to remember the account and routing numbers you will need to start payroll deduction authorization.



# Automatic Payment Change Examples: utilities, car payments, credit payments

To:	
-	Company Name
-	Address
	Account number
	Please stop my automatic payments that are currently coming from:
	(Name of former financial institution)
	(Account number)
Effective	//20, please withdraw my payments from:
Central	Missouri Community Credit Union
Routing	g # 301282064
Accoun	t #
Checking	g/Draft Savings/Share
I hereby	authorize my automatic payments to change as indicated above.
Signatur	e Date
Print	Phone Number
	Social Security Number



## Automatic Transfer Form

Member/Owner:	A	ccount No	
□ New □ Update □ C	ancel	Processed I	ру
I authorize the Credit Union to transfe	r funds from my	account(s) as	follows:
Frequency:		Start Date _	
Total Amount to Transfer: \$	From Acco	ount No:	
Distribution:			
Amount: \$ To: Savings/Share	e 🗌 Checking/D	raft 🗌 Loan	Account No./Suffix
Amount: \$ To: 🗌 Savings/Share	e 🗌 Checking/D	raft 🗌 Loan	Account No./Suffix
Amount: \$ To: 🗌 Savings/Share	e 🗌 Checking/D	raft 🗌 Loan -	Account No./Suffix
Amount: \$ To: Savings/Share	e 🗌 Checking/D	raft 🗌 Loan	Account No./Suffix
Amount: \$ To: 🗌 Savings/Share	e 🗌 Checking/D	raft 🗌 Loan -	Account No./Suffix
Amount: \$ To: 🗌 Savings/Share	e 🗌 Checking/D	raft 🗌 Loan -	Account No./Suffix

I understand it is my responsibility to maintain a balance in my account to enable the transfer to be made on the specified date. If there are not sufficient funds in the account on the transfer date, available funds will be used to make a partial transfer in any order determined by the Credit Union. The transfers will continue until I notify the Credit Union in writing to cancel or update the transfer or if the Credit Union notifies me the transfer will be discontinued. The Credit Union must receive the written request for cancellation seven (7) business days prior to the transfer.

Х

Х Signature

Date



#### CHECKING ACCOUNT CLOSURE FORM Give to your previous financial institution

Please close this checking account per my instructions.

Previous Financial Institution	Checking Account No. to be closed		
Address of Financial Institution	City, State & Zip		
Names(s) on Account			
Address			
City	State	Zip	
Routing number: 301282064			
Account No.	Checking/Draft 🗌 Saving/Share [		
x			
Authorized Signature(s)	Date		
X			
Print Signature(s)	SSN		



Before closing your existing account, review the checklist and make sure the following have been completed.

All checks have cleared m	y existing account.
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All automatic withdrawals and deposits have been switched to my CMCCU account.

Destroy remaining checks or bring to CMCCU for shredding.

Destroy old Debit and ATM cards.

That's it! You have successfully switched your checking account to Central Missouri Community Credit Union. Now you can start taking full advantage of the time and money- saving options we offer. If we can assist you with future loans or savings needs, please contact a member service representative at:

660-747-3311 Warrensburg Fax: 660-747-2800 660-826-6922 Sedalia Fax: 660-826-2078 816-776-5593 Richmond Fax: 660-776-3065

www.cmccreditunion.org Email: cmccu@cmccreditunion.org