Making it easier than ever to switch to Together Credit Union!

Opening your new Together CU checking is easy!

Now simply follow the simple checklist steps to the right to make the transition to your new checking account quicker and easier than ever.

"Switch" requests are reprinted on the following pages. Just print, complete, send ... and you're on your way!

Questions? Contact your local branch representative or our Member Contact Center today ~ 800.325.9905

www.togethercu.org



# Simple Switch Checklist.

#### Step I

# Discontinue using your old checking

**account.** Balance your account and make certain funds are available to cover outstanding checks, debit card transactions and upcoming automatic payments.

direct deposits and withdrawals to clear

### Step 2

#### **Switch your Direct Deposit(s)**

Send the enclosed Direct Deposit Switch R to any company or organization that deposits funds into your checking account (payroll, pension, social security or other government deposits, CD interest payments, child support, etc.)

# Step 3

# Switch your Automatic P

Send the enclosed Automatic P
Request to any company that you pay via
automatic payment/withdrawal.
include those companies you pay automatically via
your debit card as well.

# Step 4

# **Close your old Checking Account.**

Once all checks have cleared and there is no activity on the account, send the enclosed R to Close Account to your old financial institution. Be certain to destroy your old A deposit slips and checks from your previous account.

## **DIRECT DEPOSIT**

Switch Request

**My Information:** 

Complete and submit this form to your employer or any company/organization that automatically deposits funds to your existing checking account. Make additional copies if necessary. PLEASE PRINT

Name	
Address	
City	State
	Zip
Daytime phone	
New Financial	Institution Information:
Together Credit	t Union
423 Lynch Stree	et, St. Louis, MO 63118
(314)771-7700	
Routing No: 28	1082915
Checking Accou	ınt #
Attached is a void	ded check for reference.
[ ] Lauthorize	a change to my Direct Deposit.
	king this automatic deposit to
•	ecking account, effective as of
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## **DIRECT DEPOSIT**

Switch Request

My Information

Complete and submit this form to your employer or any company/organization that automatically deposits funds to your existing checking account. Make additional copies if necessary. PLEASE PRINT

Name	
Address	
City	State
	Zip
Daytime phone	
New Financi	ial Institution Information:
Together Cre	edit Union
423 Lynch Str	reet, St. Louis, MO 63118
(314)771-770	0
Routing No:	281082915
Checking Acc	
Attached is a v	oided check for reference.
[ ]   authoriz	ze a change to my Direct Deposit.
	naking this automatic deposit to
J	checking account, effective as of
•	date:

# **SWITCH REQUEST**

Complete and submit this form to the financial institution where you have your existing checking account.

Financial Institution Name
Checking Account Number
Please accept this request to close my checking account (listed above) at your institution. checks have cleared this account and all direct deposits and automated payments have been stopped. Please send the remaining account balance to:  Together Credit Union 423 Lynch Street, St. Louis, MO 63118 (314)771-7700  Routing No: Checking Account #
Name
Address
City
Signature

Joint Owner Signature (if any)

#### **AUTOMATIC PAYMENTS**

Complete and submit this form to any company or biller you are paying via automatic payment/ withdrawal (ie: insurance, utilities, cable, loans, mortgage, etc.) Make additional copies if necessary. PLEASE PRINT

My Information:		
Name		
Address		
City	State	Zip
Company/Biller		
Name		
Account # with Compa	ny/Biller	

## **New Financial Institution Information:**

Together Credit Union
423 Lynch Street, St. Louis, MO 63118
(314)771-7700
Routing No: 281082915
Checking Account #\_\_\_\_\_\_
Attached is a voided check for reference.

[ ] I authorize a change in my automated
payments. Please begin taking payments from
my new CU checking account (information
above) effective as of the following date:

#### **AUTOMATIC PAYMENTS**

Complete and submit this form to any company or biller you are paying via automatic payment/ withdrawal (ie: insurance, utilities, cable, loans, mortgage, etc.) Make additional copies if necessary. PLEASE PRINT

My information:			
Name			
Address			
City	State	Zip	
Company/Biller		P	
 Name			

#### **New Financial Institution Information:**

Account # with Company/Biller

Together Credit Union
423 Lynch Street, St. Louis, MO 63118
(314)771-7700
Routing No: 281082915
Checking Account #\_\_\_\_\_\_
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Address	
City	
Compa	ny/Biller
Name	
Account #	# with Company/Biller
New Fi	nancial Institution Information:
Togethe	er Credit Union
. 08000	
•	ch Street, St. Louis, MO 63118
•	
423 Lyn	I-7700
423 Lyn (314)77 Routing	I-7700
423 Lyn (314)77 Routing Checkin	I-7700 No:
423 Lyn (314)77 Routing Checkin Attached	I-7700 No: ng Account #
423 Lyn (314)77 Routing Checkin Attachec	I-7700 No: g Account #———— I is a voided check for reference.
423 Lyn (314)77 Routing Checkin Attachec [ ] I aut paymen	I-7700 No:  If Account #————————————————————————————————————

Signature

Signature

Signature