

# Switching Kit CHECKLIST



## Step 1: Get Organized

- Open a Siouxland Federal Credit Union Account.
- Review your last few statements from your other financial institution(s) and identify all automatic payments and automatic deposits. Use the **Automatic Payment and Deposit Checklist** in this kit to keep you organized.

*Remember: Not all automatic payments that you have previously established occur on a monthly basis. For example, insurance payments, some utilities and federal and state tax returns/payments can occur on irregular intervals such as bi-monthly, quarterly or even an annual basis.*

## Step 2: Move Your Direct Deposit & Automatic Payments

- Prepare to move your direct deposit by completing the **Direct Deposit Transfer Letter\*** included in this kit.
- To transfer social security deposits you can either call Social Security Administration or go to [www.ssa.gov](http://www.ssa.gov).
- Set up new automatic payments by using the **Automatic Payment Transfer Letter\*** or by using our free bill pay services in online banking. If you are setting up more than one payment, print or make additional copies of the **Automatic Payment Transfer Letter\*** for each automatic payment.

\*You may be asked to fill out an additional form by the company making the automatic payment/deposits.

## Step 3: Close Your Old Account

- Confirm all pending withdrawals have cleared your old account(s) and confirm all automatic payments have been transferred to your new account(s).

Reminder: Leave sufficient funds in your former account(s) to cover any outstanding checks or pending automatic payments.

- Complete the **Account Closure Request Letter** and send it to your former financial Institution (Some financial institutions may require you to fill out additional forms). If your account is an interest-bearing account, request to have your accrued interest paid prior to closing.
- Destroy any unused checks, ATM/Debit and credit cards, and deposit slips associated with your former account(s).
- Start using your new Siouxland Federal Credit Union account for all your deposits and payments.

## Step 4: Keep Copies For Your Records

- Remember to keep a copy of all documents, letters, and forms for your personal records.

## Step 5: Transfer Other Accounts and Loans

- Consider making your financial life less complicated by transferring other accounts to Siouxland Federal Credit Union. We offer a complete line of financial products including mortgage services. With all of your funds in one place, managing your money will be easier.
- Call us a 712-224-1010 or visit one of our branches and we will be happy to assist you.

# AUTOMATIC PAYMENT & DEPOSIT CHECKLIST



Use this checklist to ensure you do not forget to switch any important deposits/payments to your new Siouxland Federal Credit Union account.

## Automatic Payment Checklist

Payment	Company	Account #	Date of Payment
Mortgage/Rent			
Auto Loans			
Insurance			
• Life			
• Home Owners			
• Car			
• Pet			
• Other			
Credit Cards			
Gas/Oil			
Electric			
Cable/Streaming Servs			
Telephone			
Cell Phone			
Water/Sewer			
Garbage			
Internet Provider			
Health Club			
Investments			
IRA/Retirement			
Charities			
Daycare			
Other			

## Automatic Deposit Checklist

Deposit	Company	Account #	Date of Deposit
Employee Payroll			
Pension/Retirement Plans			
Social Security			
Investment Incomes			
Child Support			
Other			

**Remember to update your online accounts and apps with your Siouxland Federal debit card**

# DIRECT DEPOSIT Transfer Letter



Complete this form for every company initiating a direct deposit to your account. Then give this signed form, along with a voided check from your new Siouxland Federal Credit Union account, to the party making the direct deposit.

New Direct Deposit

Change Existing Direct Deposit

### Company Information:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Your Information:

Name: \_\_\_\_\_ Employee ID #/Account #: \_\_\_\_\_

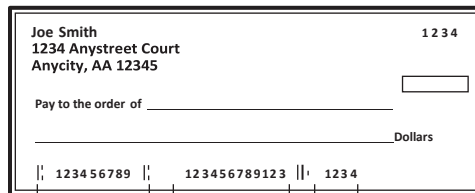
Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Siouxland Federal Credit Union Information:

Routing Number: 304982235



Routing Number      Account Number      Check Number

### Deposit Information:

Note: You can route your direct deposit to more than one account, if your employer allows.

1. Siouxland Federal Credit Union

Checking

Savings

Account Number: \_\_\_\_\_

Account \$ or % (circle one): \_\_\_\_\_

2. Siouxland Federal Credit Union

Checking

Savings

Account Number: \_\_\_\_\_

Account \$ or % (circle one): \_\_\_\_\_

I authorize \_\_\_\_\_ (employer/company) to make deposits directly to my Siouxland Federal Credit Union account(s) as indicated above, and authorize the credit union accept such deposits.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTOMATIC PAYMENT

## Transfer Letter



Complete this form for every company initiating a withdrawal from your account. Then give the signed form, along with a voided check from your new Siouxland Federal Credit Union account, to the party making the withdrawal.

New Automatic Payment

Change Existing Automatic Payment

### Company Information:

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Customer Account Number with Payee/Company: \_\_\_\_\_

### Your Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Siouxland Federal Credit Union Information:

Routing Number: 304982235

Account Number: \_\_\_\_\_

Please withdraw funds from my:

Savings Account     Checking Account

Joe Smith	1234
1234 Anystreet Court	
Anycity, AA 12345	
Pay to the order of _____	
_____ Dollars	
123456789	123456789123
1234	

Routing Number    Account Number    Check Number

I authorize \_\_\_\_\_ (biller/company) to make withdrawal from my Siouxland Federal Credit Union account(s) as indicated above, and authorize the credit union to process such withdrawals.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ACCOUNT Closure Request



Name of Former Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

## To Whom It May Concern:

Please accept this letter as my authorization to close the accounts listed below effective as of \_\_\_\_\_ (date). To the best of my knowledge, all transactions including ATM/Debit Card, automatic deposits/payments and checks written have posted to the following accounts.

Please close the account(s) noted below and mail the balance and any interest earned to the address below.

Former Account Number: \_\_\_\_\_

Former Account Number: \_\_\_\_\_

Former Account Number: \_\_\_\_\_

Former Account Number: \_\_\_\_\_

## Customer Information:

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_