

**Checking Switch Kit** 



## **Switch Kit Check List**

Notify old bank that you are closing your old account
Send notification to companies who make automatic withdrawals from your old accoun-
informing them that you have a new account
Send notification to direct deposit companies that you have a new account
Enclose a voided check from you new account when setting up or switching your direct
deposit
Cancel any payments being made through Internet Banking on your old account
Call each recurring Debit Card payee and switch to your new Finex Credit Union card
Allow up to ten business days for checks to clear on your old account
Mail in closure letter for current banking institution (only once all automatic credits and
debits have been switched and all outstanding checks have cleared)
Destroy any unused checks, deposit clips, Debit/ATM card from your old account





## **Close Account Form**

Date

To close an account, complete and mail or fax Additional forms may be required to close you		
To:	From:	
Financial Institution Name	Customer Name(s)	-
Financial Institution Address	Customer Address	-
City State Zip	City State Zip	-
To Whom It May Concern:		
Please close my account, effective today's date	, and send a check for the remaining balance to	my address above.
I understand that all checks, automatic debits and account(s). I have made arrangements to switch i	dother transactions need to have cleared before cormy automatic debits and automatic deposits.	npletely closing my
Name(s) on Account	Name(s) on Account	-
Account Number	Type of Account	-
Account Number	Type of Account	-
If you have any questions, please contact me a	t the following number:  Day / Evening (circle one)	
Phone Number	Day / Evening (circle one)	
Thank you for your prompt attention to this n Sincerely,	natter.	
Customer Signature	<del></del>	
Customer Name (Print)		
Date	<del></del>	
Joint Account Holder Signature		
Joint Account Holder Name (Print)		





## **Direct Deposits and Automatic Payments Form**

To change or set up Direct Deposits or Automatic Payments complete this form and send it to your employer or creditor. The company initiating Direct Deposit or Automatic Payment may require an additional form or more information.

To:	From:
Business Name	Customer Name
Business Address	Customer Address
City State Zip	City State Zip
Account Number	ID Number (if applicable)
To Whom It May Concern:	
Please redirect my direct deposit/automatic payr instructed below.	ment for the above account number to my new Finex Credit Union account as
Please change my: Account Type:  □ Direct Deposit □ Automatic Payment □ Chec	cking □ Savings
Effective:  □ Immediately □ Beginning// My First New England Federal Credit Union accounts.	count information:
Account Number	Routing Number
If you have any questions about this request, ple	ease contact me at the following number:  Day / Evening (circle one)
Sincerely,	
Signature	Date

Attach a VOIDED Check from your new First New England Federal Credit Union checking account to this page.

