



CoVantage CREDIT UNION

Easy Switch Kit

Use this forms kit to make switching checking accounts as easy as possible. Just fill out the forms on the following pages, and send them to the appropriate companies or organizations. If you need additional copies of the forms, please let us know.

Steps to Moving Your Checking Account to CoVantage

Step 1:

Open your new CoVantage checking account.

Order your CoVantage Checks and ATM/Debit Check Card. Sign up for Free MyCoVantage Online and Mobile banking, bill pay, and e-Statements.

Step 2: Stop using your old checking account.

Just make sure to leave enough money in your old account to cover outstanding checks or withdrawals. Destroy any unused checks, debit cards, and deposit slips.

Step 3: Switch your direct deposits.

Use the enclosed **Direct Deposit Request Form** to change your direct deposits to your new CoVantage checking account.

Step 4: Switch your automatic withdrawals.

Review your past account statements and make a list of all the companies or organizations that are automatically deducting payments from your account. Use the enclosed **Automatic Withdrawal Request Form** to notify each organization to change your automatic withdrawals so they come from your new CoVantage checking account.

Step 5: Close your old checking account.

After you have verified that all outstanding transactions (automatic or otherwise) have cleared your account and your direct deposits have been transferred, use the enclosed **Checking Account Closure Request Form** to contact your former financial institution to close your checking account.

Here's a quick reminder of possible direct deposit and automatic payments made to and from your account:

Direct Deposits

- Payroll
- Social Security
- Government Deposit
- Pension Plan Benefits
- Tax Refund
- Child Support

Automatic Payments

- Mortgage/Rent
- Investments
- Insurance
- Utilities
- Telephone/Cell phone
- Cable or Satellite TV
- Internet Provider
- Charitable Causes
- Loans, Credit Cards and Student Loans
- Clubs/Associations/Memberships

Direct Deposit Switch Form

Please submit this form to any company or organization that is automatically depositing funds to your existing checking account (i.e. your employer, or your pension plan provider). Please include a voided CoVantage check or deposit slip to ensure the accuracy of the transaction. For Social Security direct deposits, CoVantage Credit Union can take care of these for you. Stop in to sign one simple form.

TO:

Company Name

Street

City State Zip

FROM:

Your Name

Employee ID or Social Security Number

Your Address

Your Phone Number

RE: Please change my direct deposit to my new account.

New Financial Institution: **CoVantage Credit Union**
PO Box 107
Antigo, WI 54409
715-627-4336

New Routing Number: **275976655**

New Account Number: _____

Amount/Percentage to be Deposited: _____

I hereby authorized the company above to change my direct deposit effective _____.
This authorization will remain in effect until I provide written notice of change or cancellation.

Signature

Today's Date

Automatic Withdrawal Switch Form

Please submit this form to any company or organization that is automatically withdrawing payments from your existing checking account (i.e. utility, insurance, internet, or cable providers). Please include a voided CoVantage check or deposit slip to ensure the accuracy of the transaction.

TO:

Payee/Company Name

Street

City

State

Zip

FROM:

Your Name

Your Address

Your Phone Number

RE: Please redirect my automatic payments to come from my new account.

New Financial Institution: **CoVantage Credit Union**
PO Box 107
Antigo, WI 54409
715-627-4336

New Routing Number: **275976655**

New Account Number: _____

Payment Amount: _____

I hereby authorized the company above to change my automatic withdrawal effective _____.
This authorization will remain in effect until I provide written notice of change or cancellation.

Signature

Today's Date

Checking Account Closure Request Form

Once all of your outstanding payments and checks have cleared, please submit this form to your previous financial institution.

TO:

Financial Institution Name

Street

City

State

Zip

FROM:

Your Name

Your Address

Your Phone Number

RE: I hereby authorize the closure of my account effective: _____

Closing Account Number: _____

I certify that all checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to close my existing checking account and release the remaining funds in my account in the form of a cashier's check made payable to myself and mailed to my address on record.

Signature of Account Owner

Signature of Account Owner

Today's Date

Notary

County

State

Commission Expires