

# **EZ Switch Checklist**

This checklist will help you through each step of the process. For your convenience, please bring a copy of your previous bank statement. This will help to complete this process.

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financial institution (s). Track this step by listing the financial institutions below:

Date Mailed:

**Financial Institution:** 

# **Helpful Hints**

# **Automatic Deposits**

These are recurring payments automatically deposited into your account on a regular basis. Examples are payroll, social security, alimony, dividend or disability payments.

# **Automatic Payments**

These are recurring payments automatically withdrawn from your account on a regular basis. Examples include mortgage payments, gym membership fees and insurance premiums.

## Contact each company

Find out the address of the main accounting office where you should send the notice of change. Some companies have this information available on their website or billing statements. Make sure no other forms are required.

# **ABA Routing Number**

This is the first group of nine (9) numbers found at the bottom of a check.

**Date Confirmed:** 



# Checking Account Closure Notice Please complete the following with the account information for the account you wish to

Please complete the following with the account information for the account you wish to close. You will need to complete a form for each account you wish to close. Please be sure all checks have cleared prior to closing your checking account. The balance will be sent to your NEW Choice One Community Credit Union Checking Account.

Former Bank Name:				
Former Bank Address:				
To Whom It May Concern:				
Please close my bank account(s) as describe	d below:			
Account #1				
Name on account:				
Account Number:				
Please send the balance of this account by:	☐ Official Check* ☐ Wire Transfer*			
Account #2				
Name on account:				
Account Number:	_ ☐ Checking ☐ Money Market ☐ Savings			
Please send the balance of this account by:	☐ Official Check* ☐ Wire Transfer*			
Mailing Instructions for Official Check				
Name: Choice One Community Credit Union				
Address: 101 Hazle Street, Wilkes Barre, PA				
Wire Transfer Instructions (please see ABA informations)				
Beneficiary's Name:				
Beneficiary's Address:				
If you have questions, please contact:	Pnone #:			
Authorization				
IMPORTANT- READ BEFORE SIGNING				
By signing below, I authorize you to close my account and remit the balance of the account as designated above. Please cancel any ATM or Debit Cards associated with this account as well. Please contact me at the phone number above or Choice One Community Credit Union at 1-800-610-2788 with any questions.				
Signature:	Date:			
Signature:	Date:			
(if needed)	* Fee(s) may apply.			

# **Helpful Hints**

# Timing is Everything

After all outstanding checks, automatic deductions and automatic deposits have cleared, you're ready to close your former account.

#### For Multiple Accounts

If you have more than two (2) accounts, please print additional forms as needed.

## **Wire Transfer Instructions**

Receiving Financial Intuition: Mid-Atlantic FCU 1201 Fulling Mill Road Middletown, PA Routing number 231387550

Further Credit: Choice One Community FCU 101 Hazle Street Wilkes Barre, PA Routing number 231386878

For Final Credit to

Customer name:

#### Reminder

Acct #:

Your former bank may require additional forms or a written request to close your account. Contact your former bank to make sure no other items are required.

#### Mail to:

Choice One Community Credit Union PO Box 1205 Wilkes Barre, Pa 18701-1205

Or electronic transfer to Choice One Community Credit Union 231386878





# **Direct Deposit Change Notice**

Complete and submit this form to the payroll department of the company or organization that is depositing funds to your existing checking account.

# Follow these easy steps:

- 1. Complete, sign and date form.
- 2. Attach a voided check from your new Choice One Community Credit Union account.
- 3. Submit this form to each company/organization that is currently authorized to make automatic deposits to your account

Company:	Phone:	
Address:		
City:	State:	Zip:
Previous Financial In	stitution Information	
Institution:		
	State:	Zip:
New Financial Institu	ion Information	
Account #:		
Routing # 2		
Phone: 1-8	00-610-2788	
Fax: 570-82	9-3937	
Authorization		
IMPORTANT- READ E	EFORE SIGNING	
,	direct deposit to be sent to my NEW Chattached a copy of a voided check for	,
Signature		Date:
(Account Owner)		

# **Helpful Hints**

# **Track Your Request**

To confirm that your automatic deposit is being deposited into your Choice One Community Credit Union account, check your Choice One Community Credit Union statement, sign up and log onto your online account at www.choiceone.org or call 1-800-610-2788

#### Follow Up

Automatic deposits should take effect within three deposit periods. Keep your former account open until all automatic deposits have been switched to your new Choice One Community Credit Union account. If you don't see the deposit by this time, please contact the company.

#### Reminder

Note that some companies or organizations, like the Social Security Administration, may require a special form. Contact the company or income source to make sure no other forms are required.

## For Your Reference

The Social Security Administration phone number is (800) 772-1213.

## For Multiple Deductions

If you have more deposits that will not fit on this form, please print additional forms as needed.





# Automatic Payment Change Notice Inform companies to have payments automatically deducted from your new Choice One

Inform companies to have payments automatically deducted from your new **Choice One Community Credit Union** account. (i.e. mortgage payments, Insurance premiums, gym memberships, etc.)

This form ca	an be used to complete one	of the following (pleas	e select one):	
	Set up a new automatic payment to a third party payee			
	Cancel an existing automatic payment to a third party payee			
	Change an existing automatic payment from one bank account to a new bank account			
		nplete a form for eac ies of this form if ne		
Name:				
	rity #:			
Company to	Receive Payment:			
City:		State:	Zip:	
Amount of F	Payment:	Account #:		
Institution: _ Account #: _	inancial Institution Informa		· · · · · · · · · · · · · · · · · · ·	
City:		State:	Zip:	
Account #: _	Routing # 231386878 Phone: 1-800-610-2788 Fax: 570-829-3937			
By signing by designated	T- READ BEFORE SIGNING below, I authorize you to esta above.			
Signature (Account Owner)			Date:	

# **Helpful Hints**

# **Track Your Request**

To confirm that your automatic deduction is being withdrawn from your Choice One Community Credit Union account, check your Choice One Community Credit Union statement, sign up and log onto your online account at www.choiceone.org or call 1-800-610-2788

#### Follow Up

Automatic deductions should take effect within two withdrawal periods. Keep your old account open until all automatic deductions have been switched to your new Choice One Community Credit Union account. If you don't see the withdrawal by this time, please contact the company.

#### Reminder

Note that some companies or organizations may require a special form. Contact the company or income source to make sure no other forms are required.

## For Multiple Deductions

If you have more than one automatic deduction, please print additional forms as needed.

