

MONEY MOVER



Account Switch Kit

We know that moving an account can be a nuisance and cumbersome. To help make the switch to VSECU as easy as possible, use the forms we've created for you below. Call us at 802/800 371-5162 if you need help.

STEP 1 Organize Your Paperwork

- Collect your financial statements which include the checking account(s) that you are transferring to VSECU.
- Review all automatic payments keeping in mind that some payments may not be occurring monthly. Some may occur quarterly or annually (insurance payments, membership dues, tax return payments, etc.)

Notes to self: _____

STEP 2 Moving Your Account(s)

- Complete the **Authorization to Change Direct Deposit** form to change your existing direct deposit to your new VSECU account(s). For multiple direct deposits, print additional copies of this form so you can complete one form for each payor.

For Social Security direct deposits contact the Social Security Administration at 800-772-1213 or follow the directions at www.ssa.gov/deposit/howtosign.htm

- Complete the **Authorization for Transfer of Automatic Payments** to notify your existing creditors, utilities or other companies that those payments should be suspended from your old account and withdrawn from the selected VSECU account. Print additional copies of this form so you can complete one form for each automatic payment.

Notes to self: _____

STEP 3 Closing Your Old Account(s)

- Be sure that all of your checks and automatic payments have cleared from your old checking account(s).
- Complete the **Authorization to Close Account** form and forward it to the financial institution you are leaving. In the event that your account(s) is(are) interest-bearing, please carefully consider your closing date(s). You may need to complete additional forms from the financial institution at which you are closing the account(s).
- Shred your unused checks, account deposit tickets and all ATM/Debit Cards associated with the account(s) you are closing.

Notes to self: _____

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Authorization to Change Your Direct Deposit

Complete this authorization form to change direct deposits to VSECU and provide your payroll department or another payor who makes automatic deposits to your account

Date: _____
Employer/Payor's Name: _____
Address: _____
City/State/ZIP: _____



To Whom it May Concern: *Look here on your check to find your:* **Routing #** **Account #** **Check #**

You currently make direct deposits on my behalf to this account:

Old Bank/CU: _____

Account #: _____ Routing #: _____

Please discontinue direct deposits and immediately begin direct deposits to my checking account at:

VSECU
One Bailey Avenue, PO Box 67 Routing #: **211691185** Checking Account #: _____
Montpelier, VT 05602

If you have any questions regarding my request, please contact me using the information below:

Signature: _____ Date: _____

Name: _____ Daytime Phone: _____

Address: _____ Evening Phone: _____

City/State/ZIP: _____

Forward this completed form to the employer/payor named at top.

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Authorization for Transfer of Automatic Payments

Complete this authorization form to have automatic withdrawals made from your VSECU account. Print one authorization page for each company/organization from which you need to make automatic withdrawals. Please make sure to change any automatic payments made by debit card, too.

Date: _____

Company/Organization Currently Making Automatic Withdrawals:

Address: _____

City/State/ZIP: _____



To Whom it May Concern:

Look here on your check to find your: **Routing #** **Account #** **Check #**

You currently withdraw \$ _____ (amount) on a _____ (when) basis for my _____ (what payment is for) from:

Old Financial Institution: _____

Account #: _____

Routing #: _____

or Credit Card #: _____

Please discontinue withdrawals from the above account and:

Begin withdrawals from my new account at:

VSECU
One Bailey Avenue, PO Box 67 Routing #: **211691185** Checking Account #: _____
Montpelier, VT 05602

Begin charging my VSECU credit card:

Credit Card #: _____ Expiration: _____ CVV: _____
(Card Verification Value # from back, last 3 digits)

I will use VSECU's Bill Pay to make my future payments.

If you have any questions regarding my request, please contact me using the information below:

Signature: _____ Date: _____

Name: _____ Daytime Phone: _____

Address: _____ Evening Phone: _____

City/State/ZIP: _____

Forward this completed form to the company/organization named at the top.

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Authorization to Close Account

Complete this authorization form to close accounts at other financial institutions and then have your funds transferred to your new VSECU account. Print one authorization page for each bank/credit union where you need to close accounts. Please remember to shred and recycle unused checks and destroy any ATM/Debit Cards from these accounts.

Date: _____
Financial Institution Name: _____
Address: _____
City/State/ZIP: _____



To Whom it May Concern: *Look here on your check to find your:* **Routing #** **Account #** **Check #**

Please close my account(s) with your financial institution:

Account #: _____
Account Holder 1: _____
Account Holder 2: _____
Social Security Number: _____

Please send the remaining balance(s) of my checking account to:

VSECU
One Bailey Avenue, PO Box 67
Montpelier, VT 05602

Routing #: **211691185**

Checking Account #: _____

Savings Account #: _____

I have made appropriate requests to discontinue direct deposit and automatic withdrawal from my accounts at your financial institution.

If you have any questions regarding my request, please contact me using the information below:

Signature: _____ Date: _____
Name: _____ Daytime Phone: _____
Address: _____ Evening Phone: _____
City/State/ZIP: _____

Forward this completed form to the financial institution named at top.