

READY TO MAKE THE SWITCH?

Use this kit to help make switching your accounts easy and organized.

What's Included:

- Switch kit checklist
- Automatic payment and deposit checklist
- Direct deposit transfer letter
- Automatic payment transfer letter
- Account closure request letter



SWITCH KIT

Thank you for choosing Missouri Credit Union.



We are here to help make your transition smooth.

Step 1: Get Organized

- Open a Missouri 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 direct deposit, you can either call Social Security Administration or go to www.ssa.gov.
- Set up new automatic payments by either using the **Automatic Payment Transfer Letter,*** or by using our free bill pay service in MCU Anywhere. 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 be 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 Missouri 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 Missouri 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 at 800.451.1477, or visit one of our branches and we will be happy to assist you.

We're here to help make your switch easy. Thanks for choosing Missouri Credit Union.
(573) 874-1477 | questions@missouricu.org | missouricu.org

AUTOMATIC PAYMENT

Deposit Checklist



Use this checklist to ensure you don't forget to switch any important deposits or payments to your new Missouri Credit Union account.

Automatic Payment Checklist

Payment	Company	Account #	Date of Payment
Mortgage/Rent			
Auto Loans			
Insurance			
• Life			
• Home Owner's			
• Car			
• Pet			
• Other			
Credit Cards			
Gas/Oil			
Electric			
Cable / Netflix / Hulu			
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
Employer Payroll			
Pension/Retirement Plans			
Social Security			
Investment Incomes			
Child Support			
Other			

Remember to update your online accounts and apps with your Missouri Credit Union debit card

- Apple Pay / Google Pay / Samsung Pay
- Amazon / Target / Walmart
- Uber / Lyft

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 Missouri 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 #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Missouri Credit Union Information:

Routing/Transit Number: 281580417

Deposit Information:

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

1. Missouri Credit Union Account Type:

☐ Checking

☐ Money Market

☐ Savings

13-Digit Account Number: _____

Amount \$ or % (circle one): _____

2. Missouri Credit Union Account Type:

☐ Checking

☐ Money Market

☐ Savings

13-Digit Account Number: _____

Amount \$ or % (circle one): _____

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

Your Signature _____ Date _____

AUTOMATIC PAYMENT

Transfer Letter



Complete this form for every company initiating a withdrawal from your account. Then, give this signed form, along with a voided check from your new Missouri 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 #: _____

Missouri Credit Union Information:

Routing/Transit Number: 281580417

13-Digit Account Number: _____

Please withdraw funds from my:

☐ Money Market

☐ Checking

I authorize _____ (biller/company) to make withdrawals from my Missouri 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 #** _____

Your Signature _____ **Date** _____