# **CTFCU SWITCH KIT**

- Open your new account(s) with CTFCU We offer a number of account choices to meet your needs. Complete the account opening form included in this packet and bring it to our office. After your new account is open, stop using your old account. Use this time to destroy any unused checks, ATM and debit cards, and deposit slips
- Change Your Direct Deposits. Direct Deposit simplifies everything! Use the attached form to give to your employer or other payment source so your funds can be automatically deposited into your new account.
- 3. Change Your Automatic payments Use the enclosed forms to change all automatic withdrawals or automated payment services. Don't forget about those that use your old debit card number, such as automatic payments online.
- 4. Close Your Old Accounts We can help you fill in the blanks on this form and then you just sign it. This form will notify your old financial institution about the accounts you are closing and gives directions for disbursement of any remaining funds in those accounts. You will need to know your old account numbers in order to close these accounts.

<ul> <li>Personal Checking Act</li> <li>Certificate of Deposit (</li> <li>Individual Account</li> </ul>	count/Debit		ccount
Primary Account Holder Inforn	nation		
First Name:	Middle:	Last Name:	_
Street Address:			-
City:	State: Zip:		
Mailing Address (if different):			
Home Phone:	Cell :	Email:	
Social Security Number:		-	
Driver's License Number:		State:	
Issue Date:	Expiration Date:		
Date of Birth:		-	
Signature:			
Joint Account Holder Informat	ion		
First Name:	Middle:	Last Name:	_
Street Address:			_
City:	State: Zip:		
Mailing Address (if different):			
Home Phone:	Cell :	Email:	
Social Security Number:		-	
Driver's License Number:		State:	
Issue Date:	Expiration Date:		
Date of Birth:		_	
Signature:			

### Step 2 - Change direct deposits.

Complete this form and submit it to any company or organization who is automatically depositing funds to your existing checking account (payroll, pension, or dividends).

To: Company Name:	
Address:	
City, State, Zip:	

#### To Whom It May Concern:

I've recently changed my banking relationship to Cambridge Teachers Federal Credit Union. Please redirect my direct deposit into my new account, as follows: Name:

Address:	
City:	
State: Zip: Social Security Number: New Bank Name: Cambridge Teachers Federal Credit Uni New Bank Routing Number: 211381631	
New Bank Account Number:	
Account Type:	
I hereby authorize to have my direct deposit switched to Federal Credit Union	my account with Cambridge Teachers
Signature:	Date:
Checking Savings Loan Payment	

For **Social Security Direct Deposits**, we can assist you with calling the Social Security Administration Direct Deposit Department at 1-800-772-1213 or signing up online at www.ssa.gov/deposit/.

### Step 3 - Change automatic payments.

Complete this form and submit it to any company or organization who is automatically withdrawing payments from your existing checking account.

To: Company Name:	
Address:	
City, State, Zip:	
Account/Policy #:	
My current payment amount is: \$	
I am currently paying the Total Amount Due To Whom It May Concern:	
Effective//, I hereby authorize to change n the company listed below to come from my account at Cam Credit Union.	
Name:	
Address:	
City:	
State:Zip:	
Social Security Number:	
Please redirect my automatic payment to come from my new accoun New Bank Routing Number: 211381631	t:
New Bank Account Number:	
Account Type:	
Signature:	_ Date:
Checking Savings	

## Step 4 - Close old accounts.

Complete this form and submit it to your previous financial institution. Make sure all checks have cleared. Note: IRA (Individual Retirement Accounts) require additional paperwork for tax purposes.

То:		
Financial Institution:		
Address:		
City, State, Zip:		
From: Primary Account Holder:		
Social Security Number:		
Secondary Account Holder:		
This letter serves as an authorizatio	n to close the following accou	nts with your
institution:		
Account #	Account Type	
Account #	Account Type:	
Account #	Account Type:	
Send a check for the remaining bala dividends, to:	nce, together with all accrued	interest or
Attention: Member Services		
20 Felton St Cambridge MA 02138		
Bank Routing #: 211381631		
New Customer Account #:		
Primary Account Holder Signature:		Secondary
Account Holder Signature:		
Myself Address for check:		

Date: \_\_\_\_\_