

Switch Kit To Do List

We'll make it easy to switch your accounts to Unitus Community Credit Union. Simply use this handy <u>To Do</u> check list to help you make the switch!

1. Have your new Unitus Community Credit Union account number(s) ready when completing the

authorization forms in the switch kit:	
Account Number:	
Unitus Routing Number: 323075699	
2. Switch direct deposits/automatic of provide for you:	deposits using our ACH Format Letter that any employee can
☐ Employer Deposit	☐ Brokerage Deposits
☐ Government Deposit	Child support or court-ordered deposits
☐ Social Security Administration	☐ Other
3. Switch automatic payments/withdr slips or enroll in Unitus' Free Online	rawals using the Authorization To Change Automatic Payments Bill Pay service:
☐ Mortgage/Rent	☐ Auto
☐ Association Fees	☐ Club/Membership Dues
☐ Internet Service	☐ Cable TV/Satellite
☐ Investments	☐ Credit Cards
Utilities: Electric, Gas, Water	☐ Phone/Cell Phone
☐ Online billing	☐ Other
4. Close all other savings, checking a	and other accounts using Authorization To Close Account slips.
Financial Institutions:	
5. Transfer high-rate credit card bala Visa Balance Transfer Request form:	nces to your Unitus Community Credit Union Visa® using the
Credit Cards To Transfer:	
6. Additional options to explore:	
☐ Refinance your auto Ioan at Unitus	Community Credit Union.
. ☐ Refinance your mortgage loan at U	
☐ Tap your home's equity with one o	f Unitus Community Credit Union's home equity services.
☐ Move your IRA to Unitus Commun	ity Credit Union or Members Financial Services.*
lue Refer your friends and family to Ur	nitus!
For additional details, or help switchi	ng your accounts to Unitus Community Credit Union, just ask
	any branch or call 503 227 5571 or 1 (800) 452 0900.

Authorization to Close Account



P.O. Box 1937 • Portland, OR 97207-1937 503 227 5571 • 1 (800) 452 0900

Name Transfer From _ PREVIOUS FINANCIAL INSTITUTION NAME **Joint Name** Account # **Address** PREVIOUS ACCOUNT NUMBER I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against City/State/Zip this account to cease doing so. **Phone** ☐ Checking Signature Date **Unitus Acct #** ☐ Savings Routing & Transit # 323075699 ☐ Money Market Joint Signature

8345

Authorization to Close Account



P.O. Box 1937 • Portland, OR 97207-1937 503 227 5571 • 1 (800) 452 0900

Name Transfer From _ PREVIOUS FINANCIAL INSTITUTION NAME **Joint Name** Account # **Address** PREVIOUS ACCOUNT NUMBER I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against City/State/Zip this account to cease doing so. **Phone** ☐ Checking Signature Unitus Acct # _ □ Savings Routing & Transit # 323075699 ☐ Money Market Joint Signature

834

Authorization to Close Account



P.O. Box 1937 • Portland, OR 97207-1937 503 227 5571 • 1 (800) 452 0900

Phone	1	1	
	()	
City/State/Zip			
Address			
Joint Name			
Name			

Routing & Transit # 323075699

Transfer From _	
	PREVIOUS FINANCIAL INSTITUTION NAME

Account # _____

PREVIOUS ACCOUNT NUMBER

Effective ___/___ | I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against this account to cease doing so.

☐ Checking	Signature	Date
☐ Savings		
☐ Money Market	Joint Signature	Date

Automatic Payment Change P.O. Box 1937 • Portland, OR 97207-1937 503 227 5571 • 1 (800) 452 0900 Name **Company Name Address Joint Name Address** City/State/Zip Account/Policy # The individual(s) named at left has opened an account with Unitus City/State/Zip Community Credit Union. Effective ____/___ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form. Phone Unitus Acct # Signature Date MUST USE 14 DIGIT ACH FORMAT **Routing & Transit # 323075699** Joint Signature Date

8346

Automatic Payment Change	P.O. Box 1937 • Portland, OR 97207-1937 503 227 5571 • 1 (800) 452 0900
Name	Company Name
Address	City/State/Zip Account/Policy #
City/State/Zip	The individual(s) named at left has opened an account with Unitus Community Credit Union. Effective / / all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form
Unitus Acct # Must use 14 Digit Ach FORMAT	Signature Date
Routing & Transit # 323075699	Joint Signature Date

834

Automatic Payment Change	P.O. Box 1937 • Portland, OR 97207-1937 503 227 5571 • 1 (800) 452 0900
Name Joint Name	Company Name
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Unitus Acct # Must use 14 DIGIT ACH FORMAT Routing & Transit # 323075699	Signature Date
	Joint Signature Date