

How to Use the Account Switch Kit

Switching your accounts from another financial institution has gotten a whole lot easier! The Account Switch Kit was developed to help new members make a smooth transition to Sun Federal's products and services.

Open Up Your New Accounts

First, open your Sun Federal Credit Union savings account. The minimum opening balance is \$5. Once this account is opened you will have access to our no-fee checking, certificates, loans, online account access and more! Visit www.sunfederalcu.org for a comprehensive list of services available. Your immediate family members are also eligible to join!

Close Down Your Old Accounts

Make sure you leave your old account active long enough to allow outstanding checks and automatic withdrawals to clear. Once you're confident that the old accounts are inactive, simply fill-out the Close Down form and mail or present it to your previous financial institution. Don't forget to destroy unused old checks, debit cards, etc.

Switch Over Your Automatic Transactions

Change Payroll Direct Deposit – provide this form to anyone who makes direct deposits to your account. This includes:

- Your employer's human resource or payroll department (they may have their own form for your use)
- Your retirement or pension payment provider
- Social Security Administration

Change Automatic Withdrawals – provide this form (ask if you need to use a form from the company that makes the automatic withdrawal) to anyone who makes automatic withdrawals from your account:

- Mortgage company
- Insurance company
- Loans
- Utility bills

			Clos	se A	ccount		
Date		Financial Ir	nstitution	Name			
Address							
City			State			Zip	
To Whom It N	lay Concern:						
Please close m	ny account			(accou	ınt number), and se	nd a cl	neck for the remaining balance to
me at the add	ress listed below.	. If you have	any ques	stions ab	oout this request, pl	ease co	ontact me during the
Day or	Evening (sele	ect one) at			(phone nu	ımber)	
Thank you. Sir	ncerely,						
Signature					Co-Signer Signatur	·e	
Name (print)					Co-Signer Name (p	orint)	
Address							
City			State			Zip	

		1	_					• -		
	C	hange	Pay	roll	Dii	rect L)ep	osit		
Date		Employer/I	Deposito	r's Name						
Address					•					
City			State				Zip			
To Whom It N	lay Concern:			•			•	•		
You are currer	ntly depositing	My Entire	e Payche	ck	Part	of My Payc	heck (se	elect one) t	o this acco	unt:
Former Financ	cial Institution									
Bank Routing	Number				Αссοι	ınt Number				
Please stop m	aking deposits to	that accoun	t and ins	tead mak	e the	m to:	·			
Sun Federal C	redit Union									
Routing numb	oer: 241282412									
Account Num	ber				Selec	t One:	Cł	necking	Savings	5
If you have an	y questions abou	ut this reques	t, please	contact r	me du	ring the	Day	Evening (se	elect one) a	t
	(phone r	number). Thai	nk you.							
Sincerely,										
Signature										
Name (print)										
Address										
City			State				Zip			

Give this letter to your employer.

	Cl	hange	Aut	oma	atic	With	dra	wal
Date								
Name of Com	pany That Make	es Automatic V	Vithdraw	/al				
Address								
City			State				Zip	
To Whom It N	lay Concern:		l .					
You are currer	ntly withdrawin	g \$	(amou	nt) for n	ny			(what payment is for),
	(acc	ount or other	identifyir	ng numb	er),		(whe	en) from the following account:
Former Financ	cial Institution							
Bank Routing	Number				Accou	nt Number		
Please STOP to	aking withdraw	als from that a	account a	nd inste	ad take	e them from:	1	
Sun Federal C	redit Union							
Routing numb	oer: 241282412							
Account Num	ber Automatic wit	thdrawals can onl	y be made	from che	cking.			
If you have an	y questions abo	out this reques	st, please	contact	me du	ring the	Day	Evening (select one) at
	(pho	one number).	Thank yo	u.				
Sincerely,								
Signature								
Name (print)								
Address								
City			State				Zip	

Send this letter to the company that makes the automatic withdrawal.

		Chang	e A	utoi	matic De _l	pos	it
Date							
Name of Com	pany That Make	es Automatic D	Deposit				
Address							
City			State			Zip	
To Whom It N	lay Concern:						
You are curre	ntly depositing	\$ (am	ount) fo	my			(what deposit is for),
	(ac	count or other	ridentify	ing num	ber),	(wl	nen) to the following account:
Former Financ	cial Institution						
Bank Routing	Number				Account Number		
Please stop m	aking deposits i	into that accou	unt and ii	nstead p	out them into:		
Sun Federal C	redit Union						
Routing numb	per: 241282412						
Account Num	ber						
If you have an	y questions abo	out this reques	t, please	contact	me during the	Day	Evening (select one) at
	(p	hone number). Thank y	ou.			
Sincerely,							
Signature							
Name (print)							
Address							
City			State			Zip	

Send this letter to the company that makes the automatic deposit.

		Tran	sfer A	uthorizat	ion	For	m	
(All am	ount cl	nange requests	to direct dep	osit must go through	your em	nploye	r's payroll	department.)
Date								
Select One:		New Request	Re	equest to Modify Exis	ting Tran	nsfer	(Cancel Transfer
Member Name								
Member Accoun	nt to Tr	ansfer From:						
I authorize Sun I	Federa	l Credit Union t	o transfer fu	nds from my accoun	t as dired	cted b	elow:	
Date to Start Tra	ansfer							
Frequency:		Monthly	Semi-M	onthly	Bi-	Week	ly	Weekly
Amount (\$)	Α	ccount (to trans	sfer to)	Suffix	Share			Loan
1							(/ .)	to be seed to The
	•			lance in my account				
		•		redit Union in writing				
						•	automati	cally when the loan(s)
is paid off. The fi	unds w	ill then remain	in the net acc	count my payroll dep	osits into).		
Signature								
Name (print)								
Address								
City			State			Zip		

Give this form to your branch manager or loan officer.

Office Use Only:	T-transfer	K-transfer	Transfer Group
ate Processed:	Pr	ocessed By:	