4 EASY STEPS TO OPENING A CHECKING ACCOUNT WITH US

US Community Credit Union Switch Kit
Are you ready for a change? Do you need a checking account that fits your lifestyle?

US Community Credit Union Checking Accounts provide all of the convenience of a traditional bank without the monthly account fees.

Switching your existing checking account to a USCCU account is quick and easy, even if you have direct deposits or automatic payments linked to a different account.

Questions? Call us at 615-256-8712.

4 EASY STEPS TO OPENING A CHECKING ACCOUNT WITH US

1. Stop using your old account, but don’t close it.
   Keep it open for two months after starting your new account to allow checks and payments to clear.

2. Fill out a Payroll Direct Deposit Authorization Form.
   Move your direct deposits to your new USCCU Checking Account.

3. Fill out an Automatic Payment/Deposit Switch Form.
   Move your automatic payments or withdrawals to your new USCCU Checking Account.

4. Use an Existing Account Closing Form to close your old account.
   Once all checks have cleared and direct deposits and payments have been transferred, send a written notice to close your old existing account.
Payroll Direct Deposit Authorization Form

Complete this form for each company with which you have a payroll direct deposit.

Please Note: If you have Social Security or other governmental direct deposit, please use Treasury Department Standard Form 1199A to request this change.

For Social Security benefits, you can also make direct deposit arrangements by calling 1-800-772-1213.

You may want to keep your previous account open for two months in order to ensure all direct deposit transfers are complete.

Send the Payroll Direct Deposit Authorization Form to the company* making the direct deposit. For your payroll direct deposit, please give this form to your Human Resources department. If you have Social Security or other governmental direct deposit see note in left column.

________________________________________________
Name

________________________________________________
Address

________________________________________________
City    State   Zip

Member elects to have paycheck automatically deposited into the following US Community Credit Union account(s)

________________________________________________
Checking Account  Account#  Deposit Amount

________________________________________________
Money Market Account  Account#  Deposit Amount

________________________________________________
Savings Account  Account#  Deposit Amount

US Community Credit Union Routing Number: 264081205

By signing this agreement, I authorize _______________________ (company name) to initiate deposit entries, and if necessary, withdrawals to correct entries made in error to the account(s) indicated above for the purpose of expense and/or payroll.

____________________________________________________
Signature     Date

*Complete a separate form for each request. Please make additional copies as needed
Automatic Payment/Deposit **Switch Form**

Complete and sign one copy of this form for each automatic payment or automatic deposit (other than payroll) and mail to the merchant or institution that is processing automatic payments or automatic deposit transfers to your old account.

You may want to keep your previous account open for two months in order to ensure all automatic direct deposit transfers are complete.

This form will notify merchants and financial institutions to redirect automatic payments or automatic deposit transfers to US Community Credit Union*.

To:  

________________________________________________
Merchant/ Company Name

________________________________________________
Merchant/ Company Address

________________________________________________
City        State  Zip

From:

________________________________________________
Name

________________________________________________
Address

________________________________________________
City        State  Zip

**Please redirect my:**

☐ Automatic Payment  ☐ Automatic Deposit

**To my new Us Community Credit Union checking account effective:**

☐ Immediately  ☐ Beginning _____/_____/

________________________________________________
Account Number

________________________________________________
Routing Number

________________________________________________
Signature

________________________________________________
Social Security Number

________________________________________________
Daytime Phone Number

*Complete a separate form for each request. Please make additional copies as needed
Existing Account Closing Form

Please complete this form and return it to your old financial institution.

One form should be used for each request. Please make additional copies as needed.

To Whom It May Concern:
Please close my account described below.

Name(s) on Account
________________________________________________

Social Security Number
________________________________________________

Account Number                Account Type
________________________________________________

Check only one:
☐ No disbursement of funds is necessary
☐ The account balance is zero
☐ I have deposited a check for the balance in my new credit union
☐ Disbursement of funds is necessary. Prepare a check for the balance of
  my account payable to:
  ☐ Name(s) on account, and mail to:

Name
________________________________________________

Address
________________________________________________

City        State  Zip
________________________________________________

☐ US Community Credit Union for the benefit of
USCCU Checking Account Holder's Name

To be deposited in account number:____________________
☐ Please include my Social Security Number

Please prepare a bank check for the balance of my account, with the account
number listed above and mail to:

US Community Credit Union
PO Box 140570
Nashville, Tn 37214

Thank you for your prompt attention to this matter.
Sincerely,

Account Holder Signature  Date
_____________________________________________________

Joint Account Holder Signature  Date
Checking Account Transition Checklist

As you fill out and submit the forms enclosed in this Switch Kit, check the boxes below.

☐ Make sure all checks have cleared on your checking account.

☐ Keep enough funds in your old account to cover any automatic payments that may get withdrawn during the switch period.

☐ Fill out the Direct Deposit Authorization Form.

☐ Send the Direct Deposit Authorization Form to your direct deposit vendors (employer, Social Security, etc.).

Note: For Social Security direct deposits, changes may be made by calling the Social Security Administration at 1-800-772-1213.

☐ Fill out the Automatic Payment/Deposit Switch Form.

☐ Send the Automatic Payment/Deposit Switch Form to vendors where you have automatic payments set up from your checking account (utilities, insurance, internet service providers, etc.).

☐ Fill out the Existing Account Closing Form.

☐ Send the Existing Account Closing Form to the financial institution where you are closing your old account.