

Bank on the Difference. www.centralcu.org • (708) 649-6410

Central Credit Union Check List For Moving Your Checking Account

Open your Central Credit Union checking account.		
Sign up for Central Credit Union's free home banking and online 24-hour access to your account.	bill payment, and enjoy convenient	
Complete a new Direct Deposit/Payroll Deduction Authorization Form to begin direct deposit or payroll deduction into your new Central Credit Union checking account. Give your employer the top portion of the Direct Deposit/Payroll Deduction Authorization Form and return the bottom portion to the credit union. <u>Be sure to also complete any additional forms required by your employer to complete this process.</u>		
Stop using checks from existing account.		
Keep old account open with enough funds on deposit to fund all o written and any reoccurring payments that have yet to begin being		
Monitor your new Central Credit Union checking account to see when switch has occurred and funds are deposited.		
Once funds have been deposited into your new Central Credit Union account, send notice to com- panies who automatically deducted payments from your old account to inform them that you have moved your account to Central Credit Union. Use Change Automatic Payment/Withdrawal Form. <u>Check your old statements for a list of companies. Companies to notify may</u>		
<u>include:</u>		
Credit card companies Insurance companies (auto, homeowners, life, etc.) Vehicle Loan Finance Company Tollway Authority	Utility companies Mortgage company Gym	
After all checks have cleared from your old account and all reoccu debited from your new account, send Close Account Form to old ing account.		

Congratulations! We hope your new checking account meets your needs. We appreciate your business, and hope you will refer your family members, friends and coworkers to us. For any questions regarding your account, please call Member Services at (708) 649-6410.



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Change Automatic Payment/Withdrawal

Date	
Name Of Company Making Automatic Payment/Withdrawal	
Address	
City, State Zip	
To Whom It May Concern:	
On the (day) of each month, your company for account (acc	is currently withdrawing \$ to make a payment ount number) from the following account:
Financial Institution Name:	
Routing Number:	
Account Number:	
Effective (date), please stop mal listed account, and instead debit from the following a	king the automatic payment/withdrawal from the above- ccount:
Central Credit Union Of Illinois	Payment Amount To Be Debited:
Routing Number: 271987143	 Minimum payment due Outstanding balance to pay in full Other amount
Account Number	
Should you have any questions regarding my request, Thank you.	, please call me at ()
Sincerely	
Name (Print)	Signature
Address	City, State Zip



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Close Account Form

Date	-
Financial Institution's Name	-
Address	
City, State Zip	-
To Whom It May Concern:	
Please close my accountat the address listed below.	(account number), and send a check for my balance to me
Should you have any questions regardi	ng my request, please call me at ()
Thank you for your prompt attention to	o this matter.
Sincerely,	
Name (Print)	Signature
Joint Owner #1 Name (Print)	Joint Owner #1 Signature
Joint Owner #2 Name (Print)	Joint Owner #2 Signature
Address	
City State Zie	

City, State Zip