

Hassle-Free Switch Kit

Moving over to Red River Credit Union is easier than ever!

We want to make your move to Red River Credit Union as easy as possible. With this Hassle-Free Switch Kit, you have the tools to make it happen. You won't even need to visit your old financial institution!

We have lined out an easy, 5-step process so you can *jump into the river* with us today. Our expert team is here to guide you through the quick and easy process of closing your existing accounts and transferring your automatic deposits and withdrawals, all in one convenient visit. We will also assist you in selecting the perfect account products to fit your needs. At Red River Credit Union, you're not a customer, you're a member-owner.

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VISIT

your local Red River Credit Union (RRCU) branch and meet one of our friendly, knowledgeable Member Service Representatives (MSRs) to select and open your new RRCU account today!

STOP

actively using the account you want to close. You should stop writing checks, initiating payments, and using your Debit/ATM card to allow for all transactions to clear and a final balance to be determined and moved over.

SWITCH

your Direct Deposit(s) to your new RRCU account. Notify your employer and other sources of deposit you are switching your account with the enclosed **Direct Deposit Request Form**. Make as many copies as you need.

CHANGE

your automatic payments. Transfer any payment (such as utility bills and loan payments) to your new RRCU account with the enclosed **Checklist for Automatic Payment Authorization Form**. Make as many copies as you need.

CLOSE

your old account. Once all items have cleared your other account, it is time to instruct your former financial institution to close the account using the enclosed **Account Closure Request Form**, attached for your convenience.

Ready, Set,
SWITCH...



Direct Deposit Request

Employer Name _____

Address _____

Member Name _____

Account Number _____

Social Security Number _____

Routing Number 311989331

Checking (22)

Savings (32)

Please deduct this amount from my pay each period. \$ _____

Start

Change

Delete

Signature _____ Date _____

Checklist for Automatic/Online Payments

Use this form to complete BillPay setup through Online Banking.

- | | | |
|---|--|--|
| <input type="checkbox"/> Electric Company | <input type="checkbox"/> Mortgage or Rent | <input type="checkbox"/> Auto Insurance |
| <input type="checkbox"/> Gas Company | <input type="checkbox"/> Auto Payment | <input type="checkbox"/> Life/Health Insurance |
| <input type="checkbox"/> Water Company | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Health Club |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Credit Card 2 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Credit Card 3 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cable Service | <input type="checkbox"/> Credit Card 4 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Home/Rental Insurance | <input type="checkbox"/> Other _____ |

Payee Company Name

Address _____

City _____ State _____ Zip _____

Account Number _____

Payment Amount _____ Frequency/Payment Date _____

Payee Company Name

Address _____

City _____ State _____ Zip _____

Account Number _____

Payment Amount _____ Frequency/Payment Date _____

Payee Company Name

Address _____

City _____ State _____ Zip _____

Account Number _____

Payment Amount _____ Frequency/Payment Date _____

Payee Company Name

Address _____

City _____ State _____ Zip _____

Account Number _____

Payment Amount _____ Frequency/Payment Date _____

Payee Company Name

Address _____

City _____ State _____ Zip _____

Account Number _____

Payment Amount _____ Frequency/Payment Date _____

Automatic Payment Authorization Form

This form is provided for companies requiring written authorization to change automatic payments.

Note: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new account or debit/credit card account. If this form is acceptable, complete the information and provide to your Payee.

Company Name

Company Address

City

State

Zip

Account Number

Please change the account used for Automatic Payment to my new account:

Last Name

First Name

Middle

Address

City

State

Zip

Daytime Phone Number

Social Security #

My New Account Information:

Account Type

Checking

Savings

Account Number _____

Routing Number/ABA# **311989331**

OR

Card Type

Debit Card

Credit Card

Card Number _____

Expiration Date: _____

I hereby authorize _____ (payee/company name) to initiate payments from my Red River Credit Union account indicated above. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____

Date _____

For checking accounts, please attach a voided check from your new account to this form and provide to your payee.

Account Closure Form

Bank Name: _____

Bank Address: _____

Please close the accounts listed below effective immediately. Please forward any remaining balance in my account to my address listed below.

Account Holder Name _____
Savings Account Number _____
Checking Account Number _____
Money Market Account Number _____
Other Account Number _____
Other Account Number _____

Forward closing balances(s) to:

Name Telephone Number

Street Address

City, State, Zip

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

Signature _____ Date _____
Account Holder
Signature _____ Date _____
Secondary Account Holder