



## SWITCH KIT

United Poles FCU has made moving your accounts fast and more convenient with our Switch Kit. In this switch kit you can find all the forms and letters necessary to make a transition from your old financial institutions to United Poles FCU.

These are necessary steps to switch:

1. Open an account with United Poles Federal Credit Union. You can choose from our savings accounts, checking accounts, money market accounts, kids club accounts, vacation and holiday club accounts, Certificates of Deposit and IRA accounts.

2. Stop using your old accounts.

3. Complete the following forms:

- ❖ **Close Account Form**—Complete and submit this form to your old financial institution to close an account when transferring to United Poles Federal Credit Union.
- ❖ **Switch Automatic Payment Form**—Complete and submit this form to merchants and service providers with which you have scheduled automatic payments from your account. This will allow them to update your account information. This may include mortgages, utility bills, insurance, gym, shops, loans, memberships and many, many more.
- ❖ **Switch Direct Deposit Form**—Complete and submit this form to your employer. This request authorizes your employer to change the financial institution to United Poles FCU where your direct deposit will go.
- ❖ **Set up Direct Deposit Form**—If you don't have direct deposit yet, please complete this form and return it to your employer. This is the easiest and the fastest way to deposit your paycheck, pension or government checks without rushing to the Credit Union and you don't have to wait for the checks to clear, because the money is available right away.
- ❖ **Bill Payer Application**—Complete and submit this form to United Poles FCU when you would like to make payments from UPFCU checking account through UPFCU Bill Payer website. This way you don't have to waste your money on stamps or check books.



# Account Closing Request Form

Date: \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

#### Account Number

**Checking Account** \_\_\_\_\_

**Savings Account** \_\_\_\_\_

**Money Markey Account** \_\_\_\_\_

**Certificate of Deposit** \_\_\_\_\_ **Maturity date** \_\_\_\_\_

- Please close my CD upon maturity
- Please close my CD immediately. I understand that there are may be penalty for closing CD before maturity date.

If you have any questions regarding this request please contact me.

Sincerely,

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number



# Automatic Payment Change Form

Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Name of the Company that makes automatic withdrawal)

Address \_\_\_\_\_

City, State,  
Zip \_\_\_\_\_

**To Whom It May Concern:**

Currently, you are debiting my \_\_\_\_\_ payment from my  
(Mortgage, utility, loan, insurance)  
old bank account(s):

**Please stop making automatic payments from current account on \_\_\_\_\_ and start  
(Date)  
debiting payment from my new account number at United Poles Federal Credit Union.**

Current bank account information:

Bank Name \_\_\_\_\_ Routing number \_\_\_\_\_

Account Number \_\_\_\_\_ Account Number \_\_\_\_\_

**New bank account information:**

**United Poles FCU routing number: 221277971**

**United Poles FCU account number: \_\_\_\_\_**

Please send me confirmation indicating when this change takes effect. If you have any questions regarding this request please contact me.

Sincerely,

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number



# Direct Deposit Change Form

Date: \_\_\_\_\_

Name \_\_\_\_\_  
Employer, pension administrator, government entity that makes direct deposit

Address \_\_\_\_\_

City, State,  
Zip \_\_\_\_\_

### To Whom It May Concern:

You are currently making direct deposit on my behalf to this account:

Old bank account name \_\_\_\_\_

Routing number \_\_\_\_\_

Account Number \_\_\_\_\_

**Please discontinue direct deposit here and start making direct deposits into my new account(s) at United Poles Federal Credit Union.**

**United Poles FCU routing number: 221277971**

Deposit \$ \_\_\_\_\_ or \_\_\_\_\_ % of my \_\_\_\_\_  
o (paycheck, pension, government check)

into United Poles FCU account number \_\_\_\_\_.

Deposit \$ \_\_\_\_\_ or \_\_\_\_\_ % of my \_\_\_\_\_  
o (paycheck, pension, government check)

into United Poles FCU account number \_\_\_\_\_.

Please send me confirmation indicating when this change takes effect. If you have any questions regarding this request please contact me.

Sincerely,

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number



# Direct Deposit Enrollment Form

Date: \_\_\_\_\_

- New Request**
- Change Request**

Use this form to notify your employer (or any other non-governmental organization that regularly sends a payment to you) that you want the proceeds deposited directly into the UPFCU accounts specified below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip

Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby authorize (company/organization name)

Hereinafter called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY", to credit and/or debit the same to such account.

**Primary Account:**

Depository Name (Bank): **United Poles FCU**

Routing Number: **221277971**

Account Type:  **Checking**     **Savings**

Amount to Deposit:

**Net Pay or \$\_\_\_\_\_ or \_\_\_\_\_% of my \_\_\_\_\_**  
(paycheck, pension, government check)

**Optional Secondary Account:**

Depository Name (Bank): **United Poles FCU**

Routing Number: **221277971**

Account Type:  **Checking**     **Savings**

Amount to Deposit:

**Net Pay or \$\_\_\_\_\_ or \_\_\_\_\_% of my \_\_\_\_\_**  
(paycheck, pension, government check)

This authority is to remain in full force and effect until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

**Signature**

\_\_\_\_\_  
Signature of Account Holder



# Bill Payer Enrollment Application

A completed enrollment application must be submitted for UPFCU's Bill Payer Service. Your user ID will be e-mailed to you. Allow (7) seven business days for your temporary PIN to arrive in the mail for your access to the UPFCU's Bill Payer system. You will be prompted when first logging into the Bill Payer system to change your password.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

United Poles FCU Account No: \_\_\_\_\_

Preferred user ID optional \_\_\_\_\_

### Bill Payer Checking Account Numbers:

### Name for Bill Payer Checking Account

(for example: personal or joint)

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. \_\_\_\_\_

### Authorization:

You desire to have access to UPFCU's Bill Payer service, and authorize the Credit Union and any third party acting on your behalf, to serve as your agent in processing payments from targeted accounts pursuant to your payment instructions, and you authorize the Credit Union to post such payments to your designated account(s). You understand that the credit Union may not take certain payments if sufficient funds are not available in your designated account(s). The authorization is in force until revoked by you or the Credit Union in writing and is subject to UPFCU's Bill Payer terms and conditions.

Submitting this application is your indication that you have read and agree to UPFCU's Bill Payer Terms and Conditions.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Account Owner

\_\_\_\_\_ Date: \_\_\_\_\_  
Joint Owner

TO BE COMPLETED BY UPFCU STAFF

Entered/Verified \_\_\_\_\_ / Date \_\_\_\_\_

Member ID \_\_\_\_\_

User ID \_\_\_\_\_