



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.SunFCU.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

Close Account

Date

Financial Institution Name

Address

City

State

Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me during the _____ Day or _____ Evening (select one) at _____ (phone number).

Thank you. Sincerely,

Signature

Co-Signer Signature

Name (print)

Co-Signer Name (print)

Address

City

State

Zip

Change Payroll Direct Deposit

Date

Employer/Depositor's Name

Address

City

State

Zip

To Whom It May Concern:

You are currently depositing My Entire Paycheck Part of My Paycheck (select one) to this account:

Former Financial Institution

Bank Routing Number

Account Number

Please **stop** making deposits to that account and instead make them to:

Sun Federal Credit Union

Routing number: 241282412

Account Number

Select One:

Checking

Savings

If you have any questions about this request, please contact me during the Day Evening (select one)
at (phone number). Thank you.

Sincerely,

Signature

Name (print)

Address

City

State

Zip

Give this letter to your employer.

Change Automatic Withdrawal

Date		
Name of Company That Makes Automatic Withdrawal		
Address		
City	State	Zip
To Whom It May Concern:		
You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for), (account or other identifying number), _____ (when) from the following account:		
Former Financial Institution		
Bank Routing Number		
Account Number		
Please STOP taking withdrawals from that account and instead take them from:		
Sun Federal Credit Union		
Routing number: 241282412		
Account Number _____ Automatic withdrawals can only be made from checking.		
If you have any questions about this request, please contact me during the _____ Day _____ Evening (select one) at _____ (phone number). Thank you.		
Sincerely,		
Signature		
Name (print)		
Address		
City	State	Zip

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

Change Automatic Deposit

Date

Name of Company That Makes Automatic Deposit

Address

City

State

Zip

To Whom It May Concern:

You are currently depositing \$ _____ (amount) for my _____ (what deposit is for),
(account or other identifying number), _____ (when) to the following account:

Former Financial Institution

Bank Routing Number

Account Number

Please **stop** making deposits into that account and instead put them into:

Sun Federal Credit Union

Routing number: 2412-8241-2

Account Number

If you have any questions about this request, please contact me during the _____ Day _____ Evening (select one) at _____ (phone number). Thank you.

Sincerely,

Signature

Name (print)

Address

City

State

Zip

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

Transfer Authorization Form

(All amount change requests to direct deposit must go through your employer's payroll department.)

Date

Select One:	New Request	Request to Modify Existing Transfer	Cancel Transfer
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Member Name

Member Account to Transfer From:

I authorize Sun Federal Credit Union to transfer funds from my account as directed below:

Date to Start Transfer

Frequency:	Monthly	Semi-Monthly	Bi-Weekly	Weekly
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Amount (\$)	Account (to transfer to)	Suffix	Share	Loan

I understand it is my responsibility to maintain a balance in my account to enable the transfer(s) to be made. The transfer(s) will continue until I notify Sun Federal Credit Union in writing to cancel or update the transfer or if Sun Federal Credit Union notifies me the transfer will be discontinued. Deductions will stop automatically when the loan(s) is paid off. The funds will then remain in the net account my payroll deposits into.

Signature

Name (print)

Address

City	State	Zip
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Give this form to your branch manager or loan officer.

Office Use Only:	T-transfer	K-transfer: Transfer Group
Date Processed:	Processed By:	