## Making the switch to better banking today!

You can make the move to My Pensacola CU in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to My Pensacola CU, where you'll enjoy a better experience for all your banking needs!

1

### Open your new account.

Apply online in minutes or visit your local branch to open your new My Pensacola CU account(s).

2

### Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to My Pensacola CU.

3

## Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to My Pensacola CU.





# **Direct Deposit Authorization**

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your My Pensacola CU account. Use one form for each direct deposit.

Notification of Di	irect Deposi	it Authoriz	zation C	change
Company or Employer:				
Address:				
City, State, Zip:				
Phone Number:				
Employee ID: (if applicable)				
Effective immediately, pl	ease deposit the	net amount of	my check t	to my My Pensacola CU
account. I authorize (nan	ne of depositor)			
to automatically deposit	funds into the acc	count below. T	his authoriz	zation shall remain in
place until I have submit	ted a new author	ization, or unti	il this autho	orization is changed or
revoked by me in writing.				
Place an X next to your des	sired option.			
Net amount	to My Pensacola	CU CHECKIN	G	
Account #			Routing #	263281721
Net amount	to My Pensacola	CU SAVINGS		
Account #	-		Routing #	263281721
Signature:				Date:
Name:				
Address:				
City, State, Zip:				
Phone Number:				

#### **Direct Deposit Checklist:**

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

 Pay	rol

nvestme	nto
HIVESTILLE	

\_\_\_\_ Retirement Plans

Social Security





## **Automatic Withdrawal Authorization**

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Name of Company:  Account Number:  Payment Amount:  Address:  City, State, Zip: Phone Number:  Please cancel all automatic withdrawals from my old institution:  Financial Institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution:  My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip: Phone Number:	Notification of \	Withdrawal Autl	horization Cha	ange
Payment Amount:  Address:  City, State, Zip: Phone Number:  Please cancel all automatic withdrawals from my old institution: Financial Institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution: My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature: Date:  Name: Address: City, State, Zip:	Name of Company:			
Address:  City, State, Zip: Phone Number:  Please cancel all automatic withdrawals from my old institution:  Financial Institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution:  My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip:	Account Number:			
City, State, Zip: Phone Number:  Please cancel all automatic withdrawals from my old institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution: My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature: Date:  Name:  Address:  City, State, Zip:	Payment Amount:			
Phone Number:  Please cancel all automatic withdrawals from my old institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution: My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature: Date:  Name:  Address:  City, State, Zip:	Address:			
Please cancel all automatic withdrawals from my old institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution: My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature: Date:  Name:  Address:  City, State, Zip:	City, State, Zip:			
Financial Institution:  Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution: My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature: Date:  Name:  Address:  City, State, Zip:	Phone Number:			
Account # Bank Routing #  Please make all future automatic withdrawals from my new institution:  Financial Institution: My Pensacola CU  Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature: Date:  Name:  Address:  City, State, Zip:	Please cancel all automa	atic withdrawals from <b>m</b>	y old institution:	
Please make all future automatic withdrawals from my new institution:  Financial Institution:  Account #  Bank Routing #  263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip:	Financial Institution:			
Financial Institution:  Account #  Bank Routing #  263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip:	Account #		Bank Routing #	
Account # Bank Routing # 263281721  This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip:	Please make all future a	utomatic withdrawals fr	om <b>my new institutio</b> r	1:
This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip:	Financial Institution:	My Pensacola CU		
you have been notified by me in writing that this authorization has been changed or revoked.  Signature:  Name:  Address:  City, State, Zip:	Account #		Bank Routing #	263281721
Name: Address: City, State, Zip:				
Address: City, State, Zip:	Signature:		1	Date:
City, State, Zip:	Name:			
	Address:			
Phone Number:	City, State, Zip:			
	Phone Number:			

## Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

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\_\_\_\_ Cable/Internet

#### \_\_\_\_ Gym/Club Memberships

\_\_\_\_ Credit Cards

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\_\_\_\_ Subscriptions

\_\_\_ Charity Donations





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## **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new My Pensacola CU account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization						
To Whom It May Conce	rn:					
Financial Institution:						
Address:						
City, State, Zip:						
Please close my accour	nt:					
Account Number:	Primary Owner:					
Address:						
City, State, Zip:						
Please send the remain  Place an X next to your desi  Please depo  Account #						
Please forwa	ard me a check to my address listed below.					
Primary Signature:	Date:					
Joint Signature:						
Name:						
Address:						
City, State, Zip:						
Phone Number:						

## **Congratulations!**

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to My Pensacola CU!



