



District 5 Highway Credit Union

Switch Kit

BENEFITS:

- 24,000 Fee Free ATM's
- Free Debit Cards
- Free Online Member Access
- Free Call 24 – Access Your Account By Phone
- Online Check Ordering Through Harland Check Printers
- Interest Bearing Options

At District 5 Highway Credit Union we're making it easy for you to maximize your money and your time. Through your home PC, telephone, ATM's or in the Credit Union, you will be able to do all your financial business at one time, and in less time. We're making it easy and convenient for you to switch all your accounts to District 5 Highway Credit Union. We want to be your primary financial institution.

Each form enclosed in this booklet will assist you in making the switch. Just fill out the forms and mail them to the appropriate entities. A checklist is also included at the bottom of this page to assist you with closing your existing checking account. If you have questions, please feel free to call a District 5 Highway Credit Union Representative.

Checking Account Information – Fill out the checking account information and give it to a Member Services Representative.

Direct Deposit – If your employer offers Direct Deposit, simply fill out the form and take it to your payroll department.

Automatic Transfer Form – If you have money automatically withdrawn from your checking account each month (i.e. mortgage, utilities, insurance) fill out the form and mail it to those companies.

Letter of Closure – This letter will request your previous financial institution to close your existing account and transfer funds to your District 5 Highway Credit Union account. Fill out the form and mail it to your bank. Please refer to the checklist before sending this letter.

Feel free to photocopy these forms if you need more.

CLOSURE CHECKLIST

Before closing your existing account, review the checklist and make sure the following have been completed:

_____ All outstanding checks have cleared your existing account.

_____ All automatic withdrawals and deposits have been switched successfully to your District 5 Highway Credit Union checking account.

_____ Destroy remaining checks, and return debit cards and ATM cards.

That's it! You've successfully switched your checking account to District 5 Highway Credit Union. Now you can start taking advantage of all of the time and money saving services we have to offer. If we can assist you with future deposit or lending needs, please call a Member Services Representative today. We want your business!

DIRECT DEPOSIT FORM

Employee Name

Social Security Number

I authorize _____ to automatically deposit my net wage payments each pay period to my:

_____ Checking Account: _____

_____ Savings Account: _____

Employee Signature _____

Date _____

Complete this form and submit it to your employer's payroll clerk. The clerk may have another employer form for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.

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DIRECT DEPOSIT FORM

Employee Name

Social Security Number

I authorize _____ to automatically deposit my net wage payments each pay period to my:

_____ Checking Account: _____

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Employee Signature _____

Date _____

Complete this form and submit it to your employer's payroll clerk. The clerk may have another employer form for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.

**SOCIAL SECURITY / RETIREMENT / FEDERAL GOVERNMENT
DIRECT DEPOSIT FORM**

Employee Name _____ Social Security Number _____

Address _____ City/State/Zip _____

Phone Number _____ Representative Payee: _____ Yes No _____

Type of Benefits (*Check One*)

_____ Social Security _____ Supplemental Security Income _____ Railroad Retirement
_____ Other

Account Number for funds to be deposited:

_____ Checking Account: _____

_____ Savings Account: _____

Employee Signature _____ Date _____

Give the completed form to your Credit Union Member Services Representative. District 5 Highway Credit Union will set up your Government Direct Deposit for you.

AUTOMATIC TRANSFER FORM

Member _____ Customer Account # _____

Company Name _____

Mailing/Billing Address _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per our original agreement, from the following District 5 Highway Credit Union account number.

_____ Checking Account: _____

_____ Withdrawal Date: _____

Member's Signature _____ Date _____

Remember to verify with the company if a voided check or deposit slip is needed.

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AUTOMATIC TRANSFER FORM

Member _____ Customer Account # _____

Company Name _____

Mailing/Billing Address _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per our original agreement, from the following District 5 Highway Credit Union account number.

_____ Checking Account: _____

Amount: _____ Withdrawal Date: _____

Member's Signature _____ Date _____

Remember to verify with the company if a voided check or deposit slip is needed.

Bank Name _____

Attention _____

Address _____

City, State, Zip _____

To Whom It May Concern:

I have transferred my account(s) District 5 Highway Credit Union. Please consider this letter as an official request to close my account(s) with you.

Please forward all remaining funds on deposit to:

District 5 Highway Credit Union
1511 Missouri Blvd.
Jefferson City, MO 65109

Please advise District 5 Highway Credit Union to deposit the funds to my account number _____

I understand that I will need to wait until all checks and automatic withdrawals have cleared before I can close my account(s). I have already arranged to switch my automatic withdrawals and payroll deposits to my new account(s) with District 5 Highway Credit Union.

My account information is listed below:

Name on Account _____	Account Number _____
Name on Account _____	Account Number _____
Name on Account _____	Account Number _____
Name on Account _____	Account Number _____

Your assistance in this matter is appreciated.

Sincerely,

Print Name _____ Social Security Number _____

Signature _____ Date _____

CREDIT UNION PAYROLL DEDUCTION APPLICATION (MISC)

- Enrollment
- Modification
- Cancellation

Employee Status

- Active (A)
- Retired (R)

Employee Name _____ Effective Date _____

Employee ID (ssn) _____ Expiration Date _____

Deduction type / plan **D5CU** _____ Semi-Monthly Deduction (A) _____

Monthly Deduction (R) _____

C. U. Member Signature _____ Date _____

C. U. Representative Signature _____ Date _____

1. Enter employee District, Functional Unit, or Troop.
2. Select the appropriate boxes for Enrollment, Modification or Cancellation, and Employee Status.
3. Enter employee name and ID (ssn).
4. Effective date – Enter the date the deduction begins or a change in deduction takes place.
5. Expiration Date – Enter the date the deduction expires, if applicable.
6. Enter Deduction Type/Plan – D1 CU, D2 CU, D3 CU, D4 CU, D5 CU, D6 CU, D7 CU, D8 CU, D9 CU, D10CU, JCHCU (J.C.CU), MSCU (Mo.State CU). If employee status is “active”, enter semi-monthly deduction. If employee status is “retired”, enter monthly deduction.
7. Deduction Amount – A dollar amount needs to be entered to indicate the amount to be deducted from the employee’s pay for each pay period.
8. Obtain required signatures and date.

After being certified by a C. U. representative, forward to the Employee Pay Location (District Employee Service Unit (ESU)/General HQ Controller’s Office Payroll Section/Patrol’s Budget and Procurement Division).

For Retirees: Forward to the General HQ Benefits’ Office Retirement Section.

District ESU – Enter information into system and forward original form to GHQ Controller’s Office Payroll Section.