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# Switch Kit

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An easy way to switch to a new checking account!



*Discover what simple, no-hassle checking is all about!*



1801 South Park Road  
P.O. Box 2148  
Kokomo, IN 46904-2148

(765) 456-3043  
FAX (765) 456-3662

[www.haynesfcu.org](http://www.haynesfcu.org)

## Switch to a Better Checking Account!

Make the transition to a new checking account with our Switch Kit - a fast, simple transfer process! In just a few steps you can be set up in a brand new checking account at Haynes Community Federal Credit Union. It's easy!

### Switch Kit - A Smart Move!

Making the switch to a Haynes Community Federal Credit Union Checking account provides you convenient checking without all the hassles. Our checking accounts let you manage all your finances while enjoying many added features and benefits such as:

- Free Haynes Community Debit Card, which includes free and unlimited Haynes Community ATM transactions, MasterCard® debit and point of sale purchases
- Access to thousands of nationwide surcharge-free ATMs
- Free Online Banking
- Free Online Bill Payment (BillPayer)\*
- Overdraft Protection Transfers
- Special Loan Rate Discounts
- Free Signature Notary Service

\* A monthly fee of \$6.00 will be charged if no payment is made on a BillPayer account for 30 days.

\* Pending account verification and approval. Must have savings account prior to opening a checking account.



Experience the difference of a Haynes Community Checking account. Read on to see how easy it is to switch!

## Switching Your Accounts

Just follow these three easy steps and complete the enclosed forms to make the switch to your new Checking account:

- 1. Open a Haynes Community Checking Account.** Complete the Haynes Community Checking Account application located on the next panel and mail it to Haynes Community FCU, P.O. Box 2148, Kokomo, IN 46904-2148 if you already have a savings account. If not, please enclose \$5 to open a savings account.
- 2. Submit Direct Deposit & Automatic Payment Change Notice(s).** Complete and submit these forms to any company or organization who is automatically depositing funds to or taking payments from your existing checking account. Extra copies can be made if you need them. **Note: After all your automatic transfers have stopped you can then move on to step 3.**
- 3. Complete a Checking Account Closure Notice.** Once your direct deposit and/or pre-authorized payments have been transferred to your Haynes Community Checking Account, verify that all your old checks have cleared from your previous checking account. If all of your checks have cleared, complete and mail the Checking Account Closure Notice form to your previous financial institution.

## Questions?

For questions about switching your checking account, call Haynes Community at (765) 456-3043. Or, visit our website at [www.haynesfcu.org](http://www.haynesfcu.org).

# Haynes Community Checking Account Application

## Member Information

Member Name \_\_\_\_\_ Account Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_  Print Phone # on Checks \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Joint Owner Name (If Applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address/City/State/Zip (Complete only if address is different from Member's address) \_\_\_\_\_

## Signatures

Member X \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner X \_\_\_\_\_ Date \_\_\_\_\_

*By signing above, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate & Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we understand that any joint owner or individual I/we authorize to use my password may withdraw or transfer funds from my account.*

## For Office Use Only

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Checking Acct # \_\_\_\_\_

ChexSystems verified:  Primary  Joint  N/A --- OFAC verified:  Primary  Joint  N/A

Acceptable Photo ID verified for (1) Member (2) Joint Owner

(1) Type \_\_\_\_\_ ID# \_\_\_\_\_ State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

(2) Type \_\_\_\_\_ ID# \_\_\_\_\_ State Issued \_\_\_\_\_ Issue Date \_\_\_\_\_ Ref Code \_\_\_\_\_

**HAYNES**  
**COMMUNITY**  
FEDERAL CREDIT UNION

**Direct Deposit Change Notice**

Please accept this as authorization to redirect my automatic direct deposit from:

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

Redirect to my new checking account at:

**Haynes Community Federal Credit Union**

P.O. Box 2148

Kokomo, IN 46904-2148

**Routing/ABA #: 274974755**

New Checking Account # \_\_\_\_\_

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

State

Zip

( )

\_\_\_\_\_  
Daytime Telephone Number

I authorize this change in my Direct Deposit with an intended start date of \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Date

Complete and submit this form, **along with a voided check or voided deposit slip** to the company that sends your Payroll Direct Deposit or Automatic Credit (Employer, Social Security, Investment Company, Child Support, etc.).

**HAYNES**  
**COMMUNITY**  
FEDERAL CREDIT UNION

**Automatic Payment Change Notice**

Please accept this as authorization to redirect future automatic payment withdrawals to my new checking account at Haynes Community FCU:

**Haynes Community Federal Credit Union**

P.O. Box 2148

Kokomo, IN 46904-2148

**Routing/ABA #:274974755**

New Checking Account # \_\_\_\_\_

\_\_\_\_\_  
Name of Company making withdrawal (utility, mortgage, investment, etc.)

\_\_\_\_\_  
Account/Customer #

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip  
( )

\_\_\_\_\_  
Daytime Telephone Number

I authorize this change in my automatic withdrawal with an intended start date of \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Date

Complete and submit this form, **along with a voided check or voided deposit slip** to the company that receives your Automatic Payment (Utility, Mortgage, Investment, Health Club, etc.).

**HAYNES**  
**COMMUNITY**  
FEDERAL CREDIT UNION

**Checking Account Closure Notice**

Please accept this as authorization to close my checking account at:

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

\_\_\_\_\_  
Account #

and mail the remaining balance, to my new checking account at Haynes Community FCU:

**Haynes Community Federal Credit Union**

P.O. Box 2148

Kokomo, IN 46904-2148

New Checking Account # \_\_\_\_\_

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

State

Zip

( )

\_\_\_\_\_  
Daytime Telephone Number

I authorize the closing of my checking account. All my checks have cleared the account to be closed and all direct deposits and/or automatic payment withdrawals have been stopped.

**X** \_\_\_\_\_

Signature

Date

Complete and submit this form to the Financial Institution closing your account.