

Switching to Peninsula CU

Joining Peninsula is easy. Simply follow the steps listed and you will be on your way.

Establish an Account at Peninsula

- Apply for a Savings and Checking Account at the Peninsula Credit Union branch nearest you. You'll need a valid ID and a minimum deposit. Call 360.426.1601 or 800.426.1601 for more information. Together we'll find the account that fits you perfectly.

Transfer Automatic Payments and Deposits

- Direct Deposit Change Request**
This form goes to your employer. With this completed form, they can start sending your paycheck to your account at Peninsula CU. If your employer does not use direct deposit, skip this form.
- Automatic Payments**
If you make automatic payments to companies through your old debit card you need to contact them and switch to your new Peninsula Credit Union Debit Card. Sometimes a quick phone call is all it takes. If they require written notice, simply complete the **Automatic Payment Change Notification** form included in this switch kit. Now might be a great time to sign up for Bill Payer. With it you can pay and track all of your bills. If you're interested, ask us about enrolling or visit our web site for more information.
- Loan Payoff**
Any existing loans? No problem. We can refinance them and pay off your old institution. Ask us how.

Final Steps

- Stop using your old account.** Leave enough money in your old account to cover outstanding checks or withdrawals.
- After all outstanding checks have cleared, and you've switched your direct deposit and auto pays to PCU, you can close your account at your old financial institution. The included **Account Closure Request** form will complete the process!

Any questions about switching your account or using these forms?
Please feel free to give us a call at 360-426-1601 or
800-426-1601, or stop by any branch.



Account Closure Request

Date: _____

To: _____

Financial Institution Name

Street Address City State Zip

From: _____

Primary Account Holder

Joint Account Holder

Joint Account Holder

Street Address

City, State, Zip Code Contact Phone

RE: Notification to Close Financial Institution Account

I hereby authorize the closure of my account:

Name on the Account: _____

Closing Account Number: _____

I certify that all checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made payable to me and referencing the account number below:

Financial Institution: **Peninsula Credit Union**, Routing # 325182344 Account # _____

Mail To: PCU
PO BOX 2150
Shelton, WA 98584

Signature

Date

Automatic Payment Change Notification

Date: _____

To: _____

Billers Company Name

Street Address

City

State

Zip

From: _____

Primary Account Holder

Joint Account Holder

Joint Account Holder

Street Address

City, State, Zip Code

Contact Phone

RE: Notification to Change Automatic Payment

Please note the change in my automatic payment for account _____ to my new account:
Payee Account Number

Financial Institution: **Peninsula Credit Union (check one)**

Please debit my checking account using my checking account number.

ABA/Routing #325182344 Account # 7890 _____

Please debit my checking account using my VISA Debit Card

_____ Expiration _____

I hereby authorize the organization above to change my automatic payment effective _____

This authorization will remain effective until I provide written notice of change or cancellation.

Signature _____

Date _____

Loan Payoff

Date: _____

Please use the enclosed funds to payoff: (check one) Loan Line of Credit Credit Card

Account Number: _____

Account Information:

10 Day Payoff Amount: _____ Payoff Good Through: _____

Please send receipt of account closure to me at the following address:

Name: _____ Phone Number: _____

Address: _____

Signature

Date

Printed Name

Signature

Date

Printed Name