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Switch Kit Checklist

As you switch your checking and savings accounts to Central Minnesota Credit Union, check the boxes next to the items you have completed to keep track of the tasks you have accomplished.

Open Account

- Open your membership and checking account at Central Minnesota Credit Union (CMCU). You may do this by visiting any of our branch locations.

Verify Old Account

- Verify that all checks, check card transactions, and scheduled bill payments have cleared your old checking account.
- Make sure enough funds are available in your old account to cover any automatic payments, checks, and check card transactions that may still be withdrawn. Check maturity dates on Certificates of Deposit if transferring in order to avoid early withdrawal penalties.

Direct Deposits

- Direct Deposit Change Request Form**
Send written notices to companies with which you have direct deposit (employer, government deposits, pension, transfers from other financial institutions, investment dividends, child support or court-issued deposits, etc.) notifying them that you want to switch your direct deposits to your new CMCU account.
- Direct Deposit Authorization Agreement**
Send written notice to set up direct deposits with any new companies or individuals.

Automatic Payments

- Authorization for Automatic Payment Transfer Form**
If you wish to continue your automatic payments with companies, include a notification with your new account information at CMCU.
- Authorization for Automatic Payment Form**
Send a notification if you wish to add a new automatic payment.
- Authorization for Canceling Automatic Payments Form**
If you wish to cancel your automatic payments with companies, send a written notice to those companies.
- Contact companies that take payments from your old checking account using a debit card. Inform them of your new CMCU debit card information. If you prefer, you may set up this payment as an automatic payment rather than a debit card payment using Bill Payer on Internet Banking.

Need help remembering all of your deposits and payments? Check out our [Deposit and Payment Checklist](#) for some of the basics.

Verify New CMCU Account

- Verify that your direct deposits and automatic payments have begun posting to your new CMCU account.

Close Old Account

- Account Closing Request Form**
Send a written notice to your old financial institution informing them that you are closing your account.



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Deposit & Payment Checklist

As you switch your checking account to Central Minnesota Credit Union, we want to ensure that none of your automatic deposits or payments are forgotten. We would like to help you out with the account switch.

- Please use the form below to record your monthly, quarterly or annual automatic deposits and payments
- It is important to maintain a balance in your old account until everything has been transferred to your new account. You are responsible for any overdraft charges that might be incurred because of insufficient funds in the account.

Use this form to list company names and account numbers or bring in your statements and we will assist with the change.

Direct Deposits

- Payroll _____
- Social Security - Download or fill out the form at: www.ssa.gov/deposit/1199a.pdf or call (800) 772-1213
- Government _____
- Retirement _____
- Investment _____

Automatic Payments

- Mortgage _____
- Auto Loan _____
- Health Insurance _____
- Life Insurance _____
- Car Insurance _____
- Credit Card _____
- Utilities _____
- Cable TV _____
- Telephone _____
- Cell Phone _____
- Online Services (Internet) _____
- Health Club _____
- Investments _____
- Charitable Donations _____



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Direct Deposit Change Request

To: _____
 From: _____
 Address: _____
 Phone: _____
 RE: Change of Direct Deposit Routing

Please accept this letter as my authorization to transfer my direct deposit to Central Minnesota Credit Union, effective _____ .
(Date)

Discontinue sending my automatic direct deposit to Account Number: _____
and/or Account Number: _____
with: _____
(Old Financial Institution)

Please begin sending the same deposit to Central Minnesota Credit Union:
 Central Minnesota Credit Union Routing Number: 291974204

Deposit entire amount into Checking Account Number: _____

Deposit \$ _____ into Savings Account Number: _____
and the remainder into Checking Account Number: _____

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Central Minnesota Credit Union checking and/or savings account(s).
- Central Minnesota Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Thank you.

Signature: _____

Date: _____



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Direct Deposit Authorization Agreement

Please review and complete the following information. When completed, return this form to your employer's Human Resources department.

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Deposit Instructions:

Central Minnesota Credit Union Routing Number: 291974204

Deposit entire amount into Checking Account Number: _____

Deposit \$ _____ into Savings Account Number: _____

and the remainder into Checking Account Number: _____

I hereby authorize:

- Above listed entity to initiate deposit of my funds to my Central Minnesota Credit Union checking and/or savings account(s).
- Central Minnesota Credit Union to credit entries to my account(s).
- This authorization to remain in effect until I send written notice of change or cancellation.

Thank you.

Signature: _____

Date: _____



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Authorization for Automatic Payment Transfer

Date: _____

To Whom it May Concern: _____
(Merchant Name)

I am writing to inform you of a change in my banking relationship concerning my account:

Account Number: _____

I currently have my payment automatically withdrawn from my Checking/Savings account
(_____) at _____ on the _____ of the month.
(Old Account Number) (Old Financial Institution) (Day)

I would like to transfer these monthly transactions to my new financial institution, Central Minnesota Credit Union and submit this letter as written notification of that intention. I understand that I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated _____

Thank you for your prompt attention to this request. **I have enclosed an Authorization for Automatic Payment form** that includes the information necessary for you to begin withdrawals from my Central Minnesota Credit Union account.

Sincerely,

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



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Authorization for Automatic Payment

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Financial Institution Information:

Central Minnesota Credit Union Routing Number: 291974204

My account number at CMCU is _____

Type of account: Checking Account Savings Account

Vendor Name: _____

Vendor Account Number: _____ Payment Amount: _____

I (we) authorize _____ to initiate variable entries to my checking/savings account. This authorization will remain in effect until I notify _____ in writing to cancel it in such time as to afford _____ a reasonable opportunity to react.

Sincerely,

Signature: _____ Date: _____

Joint Signature: _____ Date: _____

Note: For verification purposes, attach a voided check in this area.



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Authorization for Canceling Automatic Payment

Date: _____

To Whom it May Concern: _____

I am writing to inform you of a change in my banking relationship concerning my account:

Account Number: _____

I currently have my _____ payment automatically withdrawn from my Checking/Savings account (Account Number: _____) at _____ on the _____ of the month.

I would like to cancel these monthly transactions, and submit this letter as written notification of that intention. I understand that I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated _____

Thank you for your prompt attention to this request.

Sincerely,

Signature: _____

Date: _____

Joint Signature: _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



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Account Closing Request

To: _____

From: _____

Address: _____

Please close the following accounts with your institution:

Acct #: _____ Checking Savings Money Market Other: _____

Acct #: _____ Checking Savings Money Market Other: _____

Acct #: _____ Checking Savings Money Market Other: _____

Acct #: _____ Checking Savings Money Market Other: _____

Please send any funds remaining in these accounts to:

The address shown above

The following address: _____

To my account at Central Minnesota Credit Union:

Branch Address: _____

Account Number: _____

Checking Savings

Sincerely,

Signature: _____

Date: _____

Joint Signature: _____

Date: _____