# **Getting Started**

### Making the switch to better banking today!

You can make the move to the Sky Federal Credit Union in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Sky FCU, 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 Sky FCU 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 Sky FCU.

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 Sky FCU.







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# **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 Sky Federal Credit Union account. Use one form for each direct deposit.

| Notification of Direct Deposit Authorization Change |  |  |  |  |  |
|---|--|--|--|--|--|
| Company or Employer:                                |  |  |  |  |  |
| Address:  |  |  |  |  |  |
| City, State, Zip:                                   |  |  |  |  |  |
| Phone Number:                                       |  |  |  |  |  |
| Employee ID: (if applicable)                        |  |  |  |  |  |
| Effective immediately, please deposit the net       | amount of my check to my Sky FCU               |  |  |  |  |
| account. I authorize (name of depositor)            |  |  |  |  |  |
| to automatically deposit funds into the accou       | nt below. This authorization shall remain in   |  |  |  |  |
| place until I have submitted a new authorizat       | ion, or until this authorization is changed or |  |  |  |  |
| revoked by me in writing.                           |  |  |  |  |  |
| Place an X next to your desired option.             |  |  |  |  |  |
| Net amount to Sky FCU CHECKI                        | NG   |  |  |  |  |
| Account #   | Routing # 292977747                            |  |  |  |  |
| Net amount to Sky FCU SAVING                        | S  |  |  |  |  |
| Account #   | Routing # 292977747                            |  |  |  |  |
|   |  |  |  |  |  |
| 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.

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|-----------|
| nvesimeni |











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## **Automatic Withdrawal 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 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.

| Notification of \   | Withdrawal Auth   | orization Cha        | ange      |  |  |  |
|---|---|----------------------|-----------|--|--|--|
| Name of Company:  |   |                      |           |  |  |  |
| Account Number:   |   |                      |           |  |  |  |
| Payment Amount:   |   |                      |           |  |  |  |
| Address:  |   |                      |           |  |  |  |
| City, State, Zip:   |   |                      |           |  |  |  |
| Phone Number:   |   |                      |           |  |  |  |
| Please <b>change</b> my autor   | matic withdrawal from th  | e following account: |           |  |  |  |
| Financial Institution:  |   |                      |           |  |  |  |
| Account #   |   | Bank Routing #       |           |  |  |  |
| Please make all <b>future</b> a   | Please make all <b>future</b> automatic withdrawals from the following account: |                      |           |  |  |  |
| Financial Institution:  | Sky Federal Credit Uni  | ion                  |           |  |  |  |
| Account #   |   | Bank Routing #       | 292977747 |  |  |  |
| Thank you very much   | ).  |                      |           |  |  |  |
| 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:  |   | ı                    | Date:     |  |  |  |
| Name:   |   |                      |           |  |  |  |
| Address:  |   |                      |           |  |  |  |
| 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.

| $\Box$ omo | Mortgago |  |
|------------|----------|--|
| <br>TUHE   | Mortgage |  |

|   | Auto I | aana |
|---|--------|------|
| , |        | Oans |

|  |  |  | ies |
|--|--|--|-----|
|  |  |  |     |
|  |  |  |     |

\_\_\_\_ Insurance

\_\_\_\_ Cable/Internet

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

\_\_\_\_ Credit Cards

\_\_\_\_ Investments

\_\_\_\_ Subscriptions

\_\_\_ Charity Donations







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## **Account Closure Authorization**

You can authorize your remaining balance to be deposited automatically to your new Sky FCU 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 A       | ccount Closure          | e Authorization | า         |
|-------------------------|-------------------------|-----------------|-----------|
| To Whom It May Concern  | n:                      |                 |           |
| Financial Institution:  |                         |                 |           |
| Address:                |                         |                 |           |
| City, State, Zip:       |                         |                 |           |
| Please close my account | t:                      |                 |           |
| Account Number:         |                         | Primary Owner:  |           |
| Address:                |                         |                 |           |
| City, State, Zip:       |                         |                 |           |
| Account #               | it directly to my new a | Routing #       | 292977747 |
| 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 Sky FCU!





