



Switch Kit - Funds Transfer Request

Use this form to request a funds transfer from your existing account to your Truity Credit Union account.

Funds Transfer Request

(Please print)

To:

Name of Current Financial Institution

Mailing Address

City, State, and Zip

Account Number

My Personal Information

(Please print)

From:

My Name:

Social Security Number

Joint Owner's Name

Joint Owner's Social Security Number

Street Address

City, State, and Zip

I have established an account with Truity Credit Union. Please transfer the indicated amount by issuing a check and mailing it to the credit union, noting on the check that it is for deposit to account number _____.

- Please send \$_____ immediately.
- Please close my account and send the entire balance to my credit union account.

Mail to: Truity Credit Union, PO Box 1358, Bartlesville, OK 74005-1358

(Authorized Signature)

(Date)

(Joint Owner's Signature)

(Date)

If you have any questions, please contact me at this number. □□□-□□□-□□□□

Please maintain a balance in your account(s) to cover any outstanding debits and credits. Truity Federal Credit Union is not responsible for overdraft charges incurred for insufficient funds.



Switch Kit - Deposit/Payment Checklist

As a suggestion, we recommend that you review your last three months of financial statements for all automatic deposits and withdrawals.

To ensure that you have not omitted any deposits or payments please review the list below to help you remember to switch all of your direct deposits and automatic payments.

Complete a separate **Direct Deposit/Automatic Payment** form to request a change for each company you do business with.

Direct Deposit

- Payroll
- Social Security
- Government
- Retirement
- Investments

Automatic Payments

- Mortgage
- Auto loan
- Other loans
- Health Insurance
- Life Insurance
- Car Insurance
- Credit Card
- Utilities
- Cable TV
- Telephone
- Cellular Phone
- Internet Access
- Health Club
- Investments & Annuities
- Charitable Donations

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Switch Kit - Direct Deposit/Automatic Payment

Complete one form for each company you do business with.

Electronic Funds Transfer Change Request

(Please print)

To:

Name of Company _____

Mailing Address _____

City, State, and Zip _____

Current Account Number _____

My Personal Information

(Please print)

From:

My Name: _____

Social Security Number _____

Street Address _____

City, State, and Zip _____

This memo serves as notification that I have established a checking account with Truity Credit Union and would like to change my:

- Direct Deposit**
- Automatic Withdrawal/payment**

to/from the account listed above and instead make them to/from my Truity Credit Union checking account.

If this form is not sufficient to establish automatic debits/credits, please send me your authorized company form for my signature.

Truity Credit Union Checking Account Information

ABA/Routing Number **303184652** Account No.

X _____
(Authorized Signature)

(Date)

If you have any questions, please contact me at this number. --

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