



Switch Checklist

To ensure a smooth transition, please take a moment to go over this checklist and make sure you've covered everything you need to begin your relationship with FDLCU.

Did you?

| | Meet with a Member Service Representative and set up your new Fond du Lac Credit Union accounts. | | | |
|----|---|--|--|--|
| | My Member Service Rep: | | | |
| | Close your accounts at your former financial institution. | | | |
| | Change your <i>automatic transfers</i> over to your new Fond du Lac Credit Union accounts. | | | |
| | Change your <i>direct deposits</i> to your new Fond du Lac Credit Union accounts. (Payroll, Social Security, Government, Retirement, Investments) | | | |
| | Change your <i>automatic payments and drafts</i> over to your new Fond du Lac Credit Union accounts. (Mortgage, Auto Loan, Health Insurance, Life Insurance, Car Insurance, Credit Card, Utilities, Cable TV, Telephone, Cellular Phone, Online Services, Health Club, Investments & Annuities, Charitable Donations) | | | |
| | My New FDLCU Account Number Information | | | |
| Sa | vings: | | | |
| Ch | ecking: | | | |
| Ot | her: | | | |
| | Routing Number: 275977450 | | | |

Welcome to Fond du Lac Credit Union. We open doors to opportunity.



Authorization to Close

Complete this form and mail it to your former financial institution to notify them that you are closing your account and would like to receive a check for the remaining balance. Please allow time for direct deposits, automatic withdrawals or checks that may already be in process.

Print and complete a copy of this form for each checking account that you have at your existing financial institution.

| at: | e IIIy (cneck one) | Checking | saviligs | money market account |
|--------------|----------------------------------|--------------------|-------------------|------------------------------------|
| | Please | e print name of fo | rmer financial in | stitution |
| Account nui | mber: | | | |
| Name on ac | count: | | | |
| Secondary r | name on accour | nt: | | |
| Social Secui | rity Number: | | | |
| | a check payab ribed account d | | | maining balance in the is address: |
| • | | | | |
| | | | | |
| | | | | |

Date

Signature(s)



Request and Approval to Change My Automatic Transfer

Print and complete a copy of this form to notify any financial institutions or companies that you are authorizing your automatic transfer (ex: loan payment, insurance payment, transfers to brokerage accounts, transfers to savings accounts, etc.) to your new Fond du Lac Credit Union account. This form is recommended for fixed dollar amount transfers.

| behalf: | , | lowing automatic transfer on my |
|-----------|--|---|
| From: | Name of Bank or Company | Account # |
| | Name of Bank of Company | ACCOUNT # |
| To: | Name of Institution | |
| | Name of Institution | Account # |
| | Schedule/Frequency: | |
| | use this letter as my authoriza sted account at Fond du Lac | ation to switch the transfer to the Credit Union. |
| Instituti | on: Fond du Lac Credit Union | Routing #:275977450 |
| Му ассо | unt # at Fond du Lac Credit U | Inion: |
| All othe | r aspects of the transfer shounge effective as of: | lld remain the same. Please make Effective Date |
| If you ne | eed further information to co ed at: | mplete the change. I can be |
| | Phone Number | st. |
| | | |

Date

Signature(s)



Authorization to Change Direct Deposit / Automatic Deposits

Print and complete a copy of this form for each depositor with whom you have arranged for direct deposit (ex: payroll, dividends, royalties, etc.) to notify them that you are authorizing the direct deposit to be made to your new Fond du Lac Credit Union account. Please allow sufficient time for change.

| My (check one) check one) check one) | • | savings closed: | money | market at the following |
|--|---------------------|--------------------|-----------------|--------------------------------|
| Please print name of former t | inancial institutio | on | | |
| Former Routing Number | | | Form | er Account Number |
| Name(s) on account | | | Socia | l Security Number |
| Please establish di (circle one) checking | • | - | | du Lac Credit Union ent. |
| 2759774 Fond du Lac Credit Union's | | | y New Fond du L | ac Credit Union Account Number |
| I have enclosed a caccount number. | eposit slip | to verify | my new Fo | ond du Lac Credit Unior |
| Signature(s) | | | | Date |



Authorization to Change Automatic Payment / Draft

Complete this form to cancel automatic payments/drafts (ex: utilities, telephone, etc.) that you make from your former financial institution's account. Print as many copies of this form as you need and mail one to each of the companies that you have an automatic payment/draft with before your next payment is due. Please allow sufficient time for change. This form is recommended for variable dollar amount transfers.

| I have closed my account at: | checking | savings | money market | |
|---------------------------------------|-------------|--|--------------|--|
| | | | | |
| Please print name of former financial | institution | | | |
| Former ABA Routing Number | | Former account number | | |
| Name on account | | Social Security Number | | |
| | | | | |
| Company to receive this form | | | | |
| My/our account number at this compa | any | | | |
| <u> 275977450</u> | | | | |
| Fond du Lac Credit Union's Routing No | umber | My New Fond du Lac Credit Union Account Number | | |
| Signature(s) | | | Date | |
| Daytime Phone N | umber | | | |