

# **SWITCH KIT**

Thank you for opening your new account at Advanz Credit Union. We've got you covered from A to Z and this switch kit is just one example of how we do that.

We understand that changing financial institutions is not always an easy task, but we have developed this switch kit to make it easier. Just follow these easy steps and feel free to contact us if you need any assistance.

#### STEP 1:

# Open Your New Account at Advanz Credit Union

Visit any of our convenient branch locations and an experienced representative will assist you with opening an account to meet your needs. To find the nearest branch to your home or work, visit our Web site at <a href="https://www.AdvanzCU.org">www.AdvanzCU.org</a>.

Organize information you will need Gather your account information and enter it on the *Account Reconciliation Worksheet*.

# You can begin using your New Advanz Credit Union Account immediately

Once your new account is funded, you can begin using your account immediately.

# **Enroll in Online Banking**

You can enroll in Online Banking access at <a href="www.AdvanzCU.org">www.AdvanzCU.org</a> as soon as your new account is open. To add Bill Payment, simply click on the Bill Pay link once your new checking account is opened and you are enrolled in Online Banking.

#### STEP 2:

# Transfer Direct Deposits & Automatic Payments

Don't forget to move over Direct Deposits and Automatic Payments. We recommend reviewing the past few months of statements to make sure that you move over all electronic transactions.

This guide includes a checklist of the common electronic transactions to help you make the switch.

If you are using Bill Pay through your other institution, print a list of your current payees to help you transfer that information.

### **Direct Deposits:**

Transfer direct deposits from your employer, retirement plan, interest payments or other source of income, such as Social Security.

We can provide you with a letter to assist with moving your direct deposits received from various sources:

\* Payroll Direct Deposit – Check with your employer to be certain no additional information or specific form is necessary to complete the account change for your payroll direct deposit. (If you currently don't have direct deposit through your employer, please contact your company's Human Resources Department to see if this benefit is offered to employees.)

\* Form SF1199A, U.S. Government Direct Deposit (available online) – Use this form to redirect your Social Security, military pay, VA compensation/pension, railroad retirement, etc. to your new account.

You can also use this form to set up one of these government agency payments for the first time.

\* Direct Deposit Authorization Form from Other Sources – Use this form for other direct deposits you receive including investments, pension/ retirement plans, interest or dividend payments, etc.

Here's a quick checklist of some common direct deposit sources to help you remember to inform the sender about your new account.

# **Checklist for Direct Deposits**

- Payroll Direct Deposit
- Retirement/Pension Plan
- Interest Income
- Dividends
- Social Security
- Federal Salary/Military Civilian Pay
- VA or Pension Supplemental Security Income Railroad Retirement
- Civil Service Retirement
- Military Active/Retirement/Survivor
- Military Retirement
- Other

Do not forget to switch automatic payments set up to charge your checking, savings, debit or credit card to your new ADVANZ CREDIT UNION account. This is a good time to review your last few monthly statements to complete your list of authorized automatic payments. Take into consideration any annual payments that you may have set up as a deduction as well.

There may be several ways to notify your Payees that you have a new account.

- \* Most of your Payees have a form included with the monthly statement for you to enter your new account information.
- \* Many Payees provide a customer service number and allow you to provide your new account information by telephone.
- \* Many local utilities and vendors have Web sites available for you to enter your new bank account information.

# Checklist for Automated Payments

- Electric Company
- Gas Company
- Water Company
- Telephone
- Cell Phone
- Cable Service
- Mortgage/Rent Payment
- Car Payment
- Credit Card Payments
- Loan Payments
- Insurance
- Charitable Donations

### STEP 3:

# Close Your Old Account

Once all outstanding checks have cleared and any transfers of direct deposits and automatic payments have been made. Then authorize your old institution to close your account.

Your Advanz Credit Union Account is ready to go, so it's time to UNMERGE....

- Confirm that all outstanding checks have cleared on your old account. The Account Reconciliation Worksheet will assist you with identifying all activity you still expect to clear your old account.
- Verify that your direct deposits have been redirected to your new account.
- Check with any Payees who have not redirected your automatic payments.
- Contact your old financial institution to close your account

# **ACCOUNT RECONCILATION WORKSHEET**

Advanz Credit Union 9600 Ormsby Station Road Louisville KY 40223 (502) 429-4955

### **BALANCING YOUR ACCOUNT**

**OUTSTANDING WITHDRAWALS** 

This form is provided to help you balance your account statement.

# 1. CHECKBOOK REGISTER

BEFORE YOU START, please be sure you have entered all automatic transactions, shown on the front of your account statement, in your checkbook register.

You should have ADDED any of the following, if occurred:

- 1. Loan advances
- 2. Credit adjustment
- 3. Other automatic deposits

You should have SUB-TRACTED any of the following, if occurred:

- 1. Automatic loan payments
- 2. Automatic savings transfers
- 3. Service charges

statement.

- 4. Debit adjustment
- 5. Other automatic deductions and payments

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after deducting any service charge (if any) shown on this

Please examine immediately and report if incorrect. If no reply is received within 30 days, the account will be considered correct.

TCW 2012-08-14

In this section, list all electronic (ACH) and point-	outstanding share drafts, including of-sale (POS) items.
Share Draft Numbers:	Amounts:
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# **AUTOMATIC PAYMENT AUTHORIZATION FORM**

NOTE: Check with your Payee to make certain no other information or specific form is necessary to complete the change of your automatic payment to your new account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name				
Company Address				
City		State		Zip Code
Account Number		Paymen	nt Type	
Please change the accour	nt used for A	utomatic	Payment	t to my new account:
Last Name	First Name		Middle	
Address				
City		State		Zip Code
Phone Number (Day)		Social	Security #	
My New Account Inform Account Type: Checking	nation: Savings			
Account Number:		_ Routin	g Number/A	ABA # 283079094
OR				
Card Type: Debit Card				
Card Number:		Expira	tion Date:	
			ve and to m	/company name) to initiate payments take any necessary adjustments for any effect until I have given written notice
Signature			Dat	e
For checking accounts, please atta your payee.	ach a preprinted	voided che	ck from you	r new account to this form and provide it to

# **DIRECT DEPOSIT AUTHORIZATION FORM**

NOTE: Check with your direct depositor to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your direct depositor.

Company Name				
Company Address				
City		State		Zip Code
Account Number		Payme	ent Type	
Please change the acco	ount used for D	irect De	posit to m	ny new account:
Last Name	First Name		Middle	
Address				
City		State		Zip Code
Phone Number (Day)		Socia	l Security #	
My New Account Info	ormation:			
Account Type: Checking	g Savings			
Account Number:		Routing Number/ABA # 283079094		ABA # 283079094
	ount indicated ab	ove and to	make any	any name) to make deposits to my necessary adjustments for any credit t until I have given written notice to
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# DEFECT DEPOSIT SIGN-UP FORM

#### DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

NAME OF PAYEE (last, first, middle initial)

- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

CHECKING

# **SECTION 1** (TO BE COMPLETED BY PAYEE)

D TYPE OF DEPOSITOR ACCOUNT

		DEDOCITOR ACCOUNTAIL		
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NU	INBER	
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check of Social Security	☐ Fed Salary/Mil. C	ivilian Pay
TELEPHONE NUMBER		☐ Supplemental Security Income		
AREA CODE		☐ Railroad Retirement ☐ Civil Service Retirement (OPN	☐ Mil. Retire 1) ☐ Mil. Survivor	
B NAME OF PERSON(S) ENTITLED TO PAYME	INT	□ VA Compensation or Pension	, <u> </u>	
		•	<u></u>	(specify)
C CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT	OF PAYMENT ONLY (if	<sup>f</sup> applicable)
ľ		TYPE	AMOUN'	
Prefix	Suffix			
PAYEE/JOINT PAYEE CERTIFICATION	TION	JOINT ACCOUNT HOLD	ERS' CERTIFICATION (o	ptional)
I certify that I am entitled to the payment identifi	ed above, and that I	I certify that I have read and un		,
have read and understood the back of this form. authorize my payment to be sent to the financi- below to be deposited to the designated account	In signing this form I al institution named	the SPECIAL NOTICE TO JOIN	IT ACCOUNT HOLDER	S.
SIGNATURE	DATE	SIGNATURE		DATE
SIGNATURE	DATE	SIGNATURE		DATE
SECTION 2 (TO BE C	OMPLETED BY	PAYEE OR FINANCIAL IN		
SECTION 3 (T	O BE COMPLET	ED BY FINANCIAL INSTIT	TUTION)	
NAME AND ADDRESS OF FINANCIAL INSTITUTI	ON	ROUTING NUMBER		CHECK
				DIGIT
		DEPOSITOR ACCOUNT	TITLE	
	FINANCIAL INSTIT	UTION CERTIFICATION		
I confirm the identity of the above-named payee(s tify that the financial institution agrees to receive				
PRINT OR TYPE REPRESENRATIVE'S NAME				
	SIGNATURE OF RE	PRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224 1199-207

#### **BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

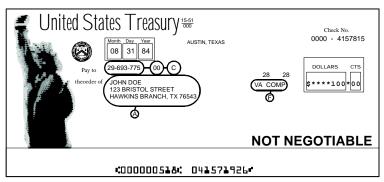
## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

# INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- A Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- F Type of payment is printed to the left of the amount.



### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

# **CANCELLATION**

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

## CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

#### **FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

# PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

NOTE: Check with your employer to make certain no other information or specific form is necessary to complete the change of your direct deposit to your new account. If this form is acceptable, attach a preprinted voided check from your new account to this form and provide it to your employer.

Company Name			
Company Address			
City	State	Zip Code	
Please change the account u	sed for Direct Deposit of r	ny net pay to my new account:	
Employee Last Name	First Name	Middle	
Address			
City	State	Zip Code	
Phone Number (Day)			
Employee ID #	Social Security#		
My New Account Inform	nation:		
Account Type: Checking	Savings		
Account Number :		Routing Number/ABA# 283079094	
paychecks directly to my Adva	inz Credit Union Account ind ade to my account in error.	(company name) to deposit my dicated above and to make any necessary  This authority shall remain in effect until I have	
Employee Signature		Date	