Making the switch to better banking today!

You can make the move to My Community CU in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to My Community CU, where you'll enjoy a better experience for all your banking needs!



Open your new account.

Apply online in minutes or visit your local branch to open your new My Community CU 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 My Community CU.

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 My Community CU.





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 My Community CU account. Use one form for each direct deposit.

| Notification of D | irect Deposit A | uthorization (| Change |
|--------------------------------|-------------------------|-------------------------|----------------------|
| Company or Employer: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |
| Employee ID: (if applicable) | | | |
| Effective immediately, ple | ease deposit the net am | nount of my check to I | my My Community CU |
| account. I authorize (nam | e of depositor) | | |
| to automatically deposit f | unds into the account b | below. This authoriza | tion shall remain in |
| place until I have submitte | ed a new authorization, | or until this authoriza | tion is changed or |
| revoked by me in writing. | | | |
| Place an X next to your desire | ed option. | | |
| Net amount | to My Community CU | CHECKING | |
| Account# | | | 316386434 |
| Net amount | to My Community CU | SAVINGS | |
| Account# | | Routing# | 316386434 |
| | | | |
| 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.

| Payrol |
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| Invest | men | t۶ |
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__ Social Security



Automatic Withdrawal Authorization

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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 Aut | horization Ch | nange |
|---|----------------------------------|---------------------|-------------------------------|
| Name of Company: | | | |
| Account Number: | | | |
| Payment Amount: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |
| Please cancel all automati | c withdrawals from my ol | ld institution: | |
| Financial Institution: | | | |
| Account # | | Bank Routing # | |
| Please make all future auto | omatic withdrawals from r | my new institution: | |
| Financial Institution: | My Community CU | | |
| Account # | | Bank Routing # | 316386434 |
| This authorization will remain notified by me in writing that | | | ation, or until you have been |
| Signature: | | | 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.

| Home | Mor | tgage |
|------|-----|-------|
| | | |

| Auto | Loans |
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| Gym/Club Membershins | | | | | | | | | | | | | | | | |
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| Investment |
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Account Closure Authorization

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You can authorize your remaining balance to be deposited automatically to your new My Community CU 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 | Account Closure Authorization |
|---|---|
| To Whom It May Concer | rn: |
| Financial Institution: | |
| Address: | |
| City, State, Zip: | |
| Diagonal and my account | |
| Please close my accour | |
| Account Number: | Primary Owner: |
| Address: | |
| City, State, Zip: | |
| Place an X next to your desire Please depos Account # | ed option. sit directly to my new account at My Community CU. Routing # 316386434 |
| Please forwa | ard me a check to my address listed below. |
| D.:/ | D. L. |
| Primary Signature: | Date: |
| Joint Signature: | Date: |
| | Date: |
| Joint Signature: | Date: |
| Joint Signature: | Date: |

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 My Community CU!

