



SWITCH KIT... *A Quick and Easy Way to Switch*

Switch Kit – A smart move! Making the switch to ICON Credit Union provides you with convenient and personalized financial service. We're making it simple for you to switch all your accounts to ICON Credit Union and use us as your primary financial institution. We want your business!

Each form in the Switch Kit booklet will assist you in making the switch. Simply fill out the forms and bring them into your local branch. A checklist is also included to assist you with the closing of your existing account.

Direct Deposit Request Form- If your employer offers Direct Deposit, simply fill out the form and we will take care of the rest. ICON will switch your Social Security and any Federal payments that you may have.

Automatic Payment Request Form- If you have automatic payments set up for your mortgage, utilities, insurance, investments, etc. – fill out this form for each company. We will mail the forms to those companies to change the withdrawals to your ICON account.

Close Account Request Form- This letter requests your previous financial institution to close your existing account and transferring the funds to your ICON Credit Union account. Fill out the *Close Account Request Form* and mail to your previous financial institution once you verify that all outstanding payments and deposits have cleared your account.

Account Closure Check List- Before closing your existing account, review the check list and make sure the following have been completed.



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DIRECT DEPOSIT REQUEST FORM

Company Name

Company Address

City

State

Zip

Company Phone

Company Fax

Name of Employee

Employee ID Number/SSN

Address

City

State

Zip

Home Phone

Work Phone

To Whom It May Concern:

You are currently depositing my paycheck to the following account:

Financial Institution Name:

Routing Number of Institution:

Account Number:

As of _____ (date), please start making this automatic deposit into my account at:

ICON Credit Union

Account Number: 7429 _ _ _ _ _
Account Type: **Checking** **Savings**
Routing Number: 324172630

If you have any questions about this request, please contact me at

Signature _____ Date _____

Complete and submit this form to your Human Resource or Payroll Department.



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AUTOMATIC PAYMENT REQUEST FORM

Payee Name

Payee Address

City

State

Zip

Payee Phone

Payee Fax

Account Holder Name

Account Number

Address

City

State

Zip

Home Phone

Work Phone

To Whom It May Concern:

You are currently withdrawing _____ (amount) for my
(mortgage, utilities, insurance, etc.) from:

Financial Institution Name:

Routing Number of Institution:

Account Number:

As of _____ (date), please start taking this automatic payment from my account at:

ICON Credit Union

Account Number: 7429 _ _ _ _ _

Account Type: **Checking** **Savings**

Routing Number: 324172630

If you have any questions about this request, please contact me at

Signature _____ Date _____

Complete and send this form to each company where you have an arrangement for automatic withdrawal. Print one form for each company.



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CLOSE ACCOUNT REQUEST FORM

Bank/Other Financial Institution Name

Phone Number

Address

City

State

Zip

Account number:

Checking

Savings

Other

Account number:

Checking

Savings

Other

Account number:

Checking

Savings

Other

To Whom It May Concern:

Please accept this letter as authorization to close my account(s) listed above, at your institution and send a check for the remaining balance to **ICON Credit Union** to the address listed below. If you have questions, please contact me at:

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mail to: **ICON Credit Union**



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ACCOUNT CLOSURE CHECK LIST

- _____ All checks have cleared the account.
- _____ All automatic withdrawals have been switched to ICON Credit Union.
- _____ All direct deposits or payroll deductions have been switched to ICON Credit Union.
- _____ Destroy all remaining checks or bring in your checks from your previous financial institution and we will shred them for you.
- _____ Return Debit Cards, Check Cards, or ATM Cards to your previous financial institution.

That's it! You have successfully switched your account to ICON Credit Union. If we can further assist you with your financial needs, please let us know. We appreciate your business!

Your New Accounts Representative was:

For Office Use Only		
ICON Products Requested:	Emp. Initial	Date
Checks		
Visa Debit Card (OAC)		
Visa Credit Card (OAC)		
Overdraft Line of Credit (OAC)		
icon@home/MemberLine		