

1619 Plainfield NE, Grand Rapids 14111 White Creek, Cedar Springs (888) 336-3490 IntandemCU.com

## **Simple Switch**

Now that you've opened your Intandem Credit Union account(s), go ahead and switch everything over from your old account. The following forms and check list make it simple.

All checks have cleared my old account.					
Enough funds are still available to cover any automatic payments from my old account.					
Send written notice to change my direct deposit (Payroll, Social Security, Interest Payments, etc.) form provided.					
Send written notice to change my automatic payments (ACH) from vendors who automatically taketheir payments (Utilities, Insurances, Cable, etc.) - form provided.					
Send written notice to my old financial institution that I'm closing the account - I'm kissing my bankgood-bye! - form provided.					
With your Intandem Credit Union checking account, you can sign up for It's Me 247 Bill Pay, our FREE online bill payment service. Once you have established this service, you can set up your payments - it's secure & easy. Any questions, give us a call or stop by and we will help.					
We also offer VISA credit cards and we can help you transfer your current credit card outstanding balance*.					
*Based on qualifying factors.					



## **Direct Deposit Simple Switch Form**

Give or send this to your present employer. To change Social Security Direct Deposits call 800-333-1795.

Request for Account Number Change for Direct Deposit.

То:				From:			
Employer's Name Employer's Address				Member Name  Member Address			
To Whom It May Please redirect m		my Intandem	n Credi	t Union accou	ınt as directed below:		
Account Type:	Checking			Savings			
Effective:	Immediately			Date to begin			
My Intandem Cre	edit Union Account	Information:					
Account Number 27248079 Routing Number	1				Intandem Credit Union 1619 Plainfield NE Grand Rapids, MI 49505		
Thank you for yo	our prompt response	e to my requ	est.				
 Signature				Date			



Signature

## **Direct Payment Simple Switch Form**

Send this to the company that receives your automatic Direct Payment (ACH). To: From: Member Name Company Receiving Direct Payment Company Address Member Address City City State Zip State **Direct Payment Account Number** Member Phone To Whom It May Concern: I hereby request and authorize that my electronic payment from: My OLD financial institution:\_\_\_ \_Account # \_ should now be redirect to my Intandem Credit Union account as directed below: My Intandem Credit Union Account Information: Intandem Credit Union Account Number 1619 Plainfield NE 272480791 Grand Rapids, MI 49505 **Routing Number** Checking Savings Account Type: Effective: **Immediately** Date to begin Thank you for your prompt response to my request.

Date



## **Account Closing Request**

Send this to your former financial institution. They may require additional forms be completed.

То:			From:				
Financial Instituti	on Name		Member Name				
Financial Institution Address			Member Address				
City	State	Zip	City	State	Zip		
			Member Phon	e			
To Whom It May Concern: Please close my following account(s) effective immediately and send a check for the remaining balance to my address above.  I understand that all checks, automatic payments and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic Direct Deposits and Payments.							
Name on Account	:		Joint Name on	Account			
Account Number			Type of Account				
Account Number			Type of Account				
Account Number			Type of Accou	nt			
Account Number			Type of Accou	nt			
Thank you for y	our prompt respor	nse to my request.					
Member Signature	9		Joint Signature	5			
Member Name (print)			Joint Name (print)				
Date			Date				