

Campus Credit Union Switch Kit

Switching to Campus Credit Union is just 5 easy steps!

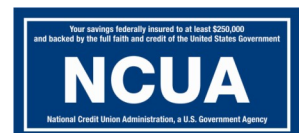
1. Open your new Campus Credit Union checking account.
2. Stop actively using the account you want to close.
3. Establish or switch your Direct Deposit(s) to your new Campus Credit Union account.
4. Transfer your Automatic Payments such as recurring loan payments, Internet service providers, health club memberships, etc. from your former account to your new Campus Credit Union account.
5. Close your former bank/credit union account.

Track Your Progress

- Open your new Campus Credit Union checking account.
- Sign up for Online Banking, Bill Pay, and e-statements.
- Verify there are enough funds in your old account to cover outstanding payments.
- Transfer your automatic debit card payments to your new Campus Credit Union debit card.
- Contact your direct deposit providers to alert them of your new account.
- Confirm all credits and debits have cleared your old account.
- Confirm all automatic payments have cleared your new Campus Credit Union account.

Questions?

Stop by or call
316-978-3666
Monday - Friday
8:30 a.m. - 5:00 p.m.



Deposits	Company Name	Account Number	Date Sent	✓
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				

Automatic Payments	Company Name	Account Number	Date Sent	✓
Mortgage/ Rent				
Car(s)				
Insurance(s)				
Gas				
Water				
Phone				
Electricity				
Cable/ Satellite				
Internet				
Other				
Other				

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 your direct deposit to your new credit union account.

Company Name

Company Address

City

State

Zip Code

Please change the account used for Direct Deposit of my net pay to my new credit union account:

Employee Last Name

First Name

Middle

Address

City

State

Zip Code

Daytime Phone Number

Employee ID#

Social Security Number

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing number/ABA#: 301179999

I hereby authorize my employer, _____(company name) to deposit my paychecks directly to my Campus Credit Union Account indicated above and to make necessary adjustments for any credit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Employee Signature

Date

DIRECT 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.
- 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.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>)																				
TELEPHONE NUMBER AREA CODE			<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>																				
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																					
C CLAIM OR PAYROLL ID NUMBER		TYPE	AMOUNT																				
Prefix	Suffix																						
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					
SIGNATURE	DATE	SIGNATURE	DATE																				
SIGNATURE	DATE	SIGNATURE	DATE																				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT																			
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DEPOSITOR ACCOUNT TITLE																					
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.																					
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	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.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, 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 payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** 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.

United States Treasury 15-51 000		Check No. 0000 415785						
 <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;">31</td> <td style="text-align: center;">84</td> </tr> </table>	Month	Day	Year	08	31	84	AUSTIN, TEXAS	
Month	Day	Year						
08	31	84						
Pay to the order of	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 100px; height: 20px;"></td> <td style="width: 20px; text-align: center;">00</td> <td style="width: 20px; text-align: center;">C</td> </tr> </table>		00	C	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; text-align: center;">28</td> <td style="width: 20px; text-align: center;">28</td> </tr> </table>	28	28	
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28	28							
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DOLLARS	CTS							
\$****100	00							
(A)	(F)	NOT NEGOTIABLE						
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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 cancelled 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 a 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.

ACCOUNT CLOSING AUTHORIZATION

TO: _____
(Current Financial Institution)

Customer Information:

Name Date

Address

City, State, Zip Code Telephone Number

Accounts:

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

I hereby authorize, _____, the above listed account(s) be closed.
Please mail any remaining funds in these accounts to:

Me, at the above listed address

Campus Credit Union
1845 Fairmount Box 65
Wichita, KS 67260
CCU Account to be credited: _____

Primary Account Holder Signature Date

Printed Name

Joint Account Holder Signature Date

Printed Name

Note: Prior to sending this Account Closing Authorization, please review that all checks have cleared, and that all direct deposits, automatic payments and debit transactions have been switched to your Campus Credit Union account. Campus Credit Union is not responsible for accounts closed before all transactions have been cleared through the prior financial institution.

AUTOMATIC PAYMENT CHANGE FORM

NOTE: Complete a separate form for each payment. This form can be copied as many times as necessary.

Change New

Customer Information:

Name Date

Address

City, State, Zip Code Telephone Number

Vendor/Payee Information (Complete as much as possible)

Company Name Account Number

Address

City, State, Zip Code Telephone Number

New Bank Information:

Financial Institution: Campus Credit Union

Routing number/ABA#: 301179999

Account Number: _____ Checking Savings

I hereby authorize, _____ (company name) and Campus Credit Union to initiate entries into my Campus Credit Union account. This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request within a reasonable amount of time.

Signature Date

Printed Name