

# Switch Your Accounts

## To Frontier Community Credit Union

### Checking with Frontier Community Credit Union

Our accountholders enjoy the ultimate in service, convenience and savings! Check it out:

- Advantage Checking and eChecking account options
- Scorecard Rewards debit card
- Mobile app, online and audio banking
- Mobile check deposit, cardholder controls and pay services
- 30,000 CO-OP ATMs and 5,400 CO-OP shared branches
- Direct deposit and payroll allocation

Enjoy these advantages and more when you complete and submit the attached forms, and switch to a Frontier Community Credit Union checking account!

### It's So Easy To Switch!

Follow the instructions below to move your finances to a Frontier Community Credit Union account.

#### Step 1

Visit any Frontier Community Credit Union office or our website to open your new account.

#### Step 2

Stop using your previous checking account for at least one statement cycle, and allow the checks you have written to clear.

#### Step 3

Switch your direct deposit to Frontier Community Credit Union. Simply fill out the Authorization For Direct Deposit form, and submit it to the appropriate recipients.

#### Step 4

Switch your automatic payments to Frontier Community Credit Union. Complete the Authorization For Automatic Payment form, and send it to the companies or organizations that make automatic withdrawals from your account.

#### Step 5

Confirm that all prior debits and credits have cleared and you have switched your automatic deposits and payments. Use the Authorization To Close Account form to close your old account(s).

If you have any questions, you can contact us at (913) 651-6575 or [info@frontierccu.org](mailto:info@frontierccu.org), or stop by one of our three branches.



[frontierccu.org](http://frontierccu.org) (913) 651-6575



# Authorization For Direct Deposit

Please change the account for my direct deposit.

Date \_\_\_\_\_  
Company making direct deposit \_\_\_\_\_  
Company address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

You are currently making automatic deposits into the following account:

My old bank \_\_\_\_\_  
My old bank's routing number \_\_\_\_\_  
My old account number \_\_\_\_\_

Please begin making automatic deposits into my **Frontier Community Credit Union** account.

**301178165** \_\_\_\_\_  
New routing number \_\_\_\_\_  
New account number \_\_\_\_\_

Please contact me should you have any questions. Thank you.

Signature \_\_\_\_\_  
Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Include a voided Frontier Community Credit Union check with your request, and return to your employer.

**NOTE: Other financial institutions and companies may require additional forms and/or information.**

# Authorization For Automatic Payment

Please change the account for my automatic payments.

Date \_\_\_\_\_  
Company making direct deposit \_\_\_\_\_  
Company address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

You are currently withdrawing funds automatically from the following account:

My old bank \_\_\_\_\_  
My old bank's routing number \_\_\_\_\_  
My old account number \_\_\_\_\_

Please stop making withdrawals from the account on (MM/DD/YY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and start making them from my new **Frontier Community Credit Union** account.

**301178165** \_\_\_\_\_  
New routing number \_\_\_\_\_  
New account number \_\_\_\_\_

Please contact me should you have any questions. Thank you.

Signature \_\_\_\_\_  
Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Please contact me should you have any questions. Thank you.

Signature \_\_\_\_\_  
Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Include a voided Frontier Community Credit Union check with your request, and return to any company receiving automatic payments.

**NOTE: Other financial institutions and companies may require additional forms and/or information.**

# Authorization To Close Account

Please close my account.

Date \_\_\_\_\_  
Financial institution name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Close the following account number(s):

Account # \_\_\_\_\_  
Account # \_\_\_\_\_

Please contact me should you have any questions. Thank you.

Signature \_\_\_\_\_  
Name (please print) \_\_\_\_\_  
Joint signature \_\_\_\_\_  
Joint name (please print) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Return form to your previous financial institution(s).

**NOTE: Other financial institutions and companies may require additional forms and/or information.**