

# uSwitch Kit



P.O. Box 1937 • Portland, OR 97207-1937  
503-227-5571 • 1-800-452-0900

Use the instructions and forms provided here to move your checking account, including automatic deposits and payments, from another financial institution to Unitus. Call us if you need help!

## Step 1: Open a Unitus checking account

- If you are not a Unitus member, use our online [Membership Application](#) to join. This application includes a section for opening a checking account.
- If you are already a Unitus member, use our online [Checking Application](#).

## Step 2: Make an opening deposit or transfer to your new account

- Use the sections provided in the online Membership Application or Checking Application, or use the "Opening Deposit or Transfer" form in this kit.
- You MUST use the "Opening Deposit or Transfer" form AND the "Funds Transfer Authorization" form if you are transferring funds from another financial institution for your opening deposit.
- If you are transferring from another Unitus account, you can find its Share ID number on your monthly statement.
- Mail or deliver the completed form to Unitus.

## Step 3: Close your previous checking account & transfer its balance to your new account

- Use the "Funds Transfer Authorization" form.
- Mail or deliver the completed form to Unitus. We will make the necessary arrangements with your previous financial institution.

## Step 4: Start Direct Deposit to your new account

- To automatically deposit your paycheck to your new account, use the "Direct Deposit Authorization" form. Mail or deliver the completed form to Unitus. We will make the necessary arrangements with your employer. (Note: Direct Deposit is supported by most but not all employers.)

- To automatically deposit your Social Security check to your new account, go to <https://s00dace.ssa.gov/pro/icdd/icdd.cgi>
- To automatically deposit your retirement check or other regular income to your new Unitus account, contact your retirement plan administrator or appropriate check issuer.

## Step 5: Change automatic payments made from your previous checking account, so that they will now come from your new Unitus checking account

- Use the "Automatic Payment Change" form to notify a business or other payee that automatic payments they receive from you should come from your new Unitus checking account. (Examples: utilities, insurance companies, health clubs, etc.)
- Print as many forms as you need.
- Be sure to provide an effective date, where indicated on the form, for the payment change.
- **IMPORTANT:** Separately notify your previous financial institution that you are ending all automatic payments from the account you have with them, and tell them the effective date.
- Mail or deliver the completed form to Unitus. We will make the necessary arrangements with the business or other payee.

## Step 6: Request information about other Unitus services

- Check the services of interest to you on the "Request for Information" form below, and mail or deliver it to Unitus.
- You can also learn more about Unitus services on our web site.
- To find out which Unitus services best fit your current needs, contact a Member Service Representative by phone or at any branch. There is never a hard sell at Unitus, only a sincere desire to help you get the most out of your membership!

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## Request for Information



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Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Unitus Acct # \_\_\_\_\_

### Please send information on the following:

- Money Market Accounts
- Certificate of Deposit Accounts
- Individual Retirement Accounts
- Visa Credit Card
- Auto Loans
- Home Equity Loans
- First Mortgage Loans
- Other \_\_\_\_\_

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# Opening Deposit or Transfer



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Name \_\_\_\_\_  
Joint Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Unitus Acct # \_\_\_\_\_  
Routing & Transit # 323075699

Opening deposit or transfer amount \$ \_\_\_\_\_

### To fund your checking account (choose one):

- Check attached for opening deposit amount  
 I (we) authorize a transfer from

Unitus Acct # \_\_\_\_\_ Share ID # \_\_\_\_\_

- Funds Transfer Authorization form attached

### Signature(s) to authorize transfer:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Funds Transfer Authorization



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Name \_\_\_\_\_  
Joint Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Unitus Acct # \_\_\_\_\_  
Routing & Transit # 323075699

Transfer From \_\_\_\_\_  
PREVIOUS FINANCIAL INSTITUTION NAME

Account # \_\_\_\_\_  
PREVIOUS ACCOUNT NUMBER

Effective \_\_\_\_/\_\_\_\_/\_\_\_\_ I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Direct Deposit Authorization



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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Unitus Acct # \_\_\_\_\_  
Routing & Transit # 323075699

Employer \_\_\_\_\_

Attn/Dept \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I hereby authorize the above named Employer to initiate credit entries to my:

(select one)  Checking Account  Savings Account

at Unitus Community Credit Union, as indicated on this form, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The authorization is to remain in full force and effect until the Employer has received written notification from me of its termination in such time and in such manner as to afford the Employer and Unitus Community Credit Union a reasonable opportunity to act on it. Note: Written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Automatic Payment Change



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Name \_\_\_\_\_

Joint Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Unitus Acct # \_\_\_\_\_

Routing & Transit # 323075699

Payee Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Account/Policy # \_\_\_\_\_

The individual(s) named at left has opened an account with Unitus Community Credit Union. Effective \_\_\_ / \_\_\_ / \_\_\_\_\_ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Automatic Payment Change



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Name \_\_\_\_\_

Joint Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Unitus Acct # \_\_\_\_\_

Routing & Transit # 323075699

Payee Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Account/Policy # \_\_\_\_\_

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Name \_\_\_\_\_

Joint Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Unitus Acct # \_\_\_\_\_

Routing & Transit # 323075699

Payee Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

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Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

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