

ACCOUNT SWITCH KIT

We make it easy to switch your current accounts to our credit union. Just complete the attached forms and follow the steps listed below. It's that easy!

Visit our branch to open your new personal savings (membership) and checking account. Be sure to ask about our other convenient services (VISA debit/ATM card, overdraft protection, online banking and electronic statements).

1

Submit an AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT Form*

Give this coupon to your employer's payroll manager to have your regular payments electronically deposited into your OTSECU account. If you have Social Security benefits, visit our branch and we'll help you fill out the federal form to move your direct deposit.

2

Submit an AUTHORIZATION TO CLOSE MY ACCOUNT Form*

If you're banking with financial institutions other than OTSECU, it's a good idea to close out those old checking accounts once all the checks have cleared and move the money to your OTSECU account. Simply fill out this coupon and mail or give it to your old bank to instruct them to close your account and send you your remaining balance.

3

Submit an AUTHORIZATION TO CHANGE MY AUTOMATIC PAYMENT Form*

If you have any payments automatically deducted from your OTSEFCU account, please complete this form and give it to the company or creditor you are paying and they will begin taking the payment out of your OTSECU account.

Questions? Contact us at 847-8560 or visit our branch.

* Note: Some employees, businesses or institutions may have additional requirements to process your request.

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

Name	Please redirect my direct deposit to my account	
Address	with OTS Employees CU as follows:	
City State Zip	Bank Routing Number: 321379148	
Employer	Account Number	
	Account Type:	
Soc. Sec. Number	☐ Checking ☐ Savings ☐ Employees	
I hereby authorize to have my direct deposit switched to m		A Create Great Great
Signature	Date	-2020-03 EQUAL HOUSING
	This credit union is federally insured by the National Credit Unio	
	AUTHOR	IZATION
	TO CLOSE MY A	
To:	Name	
Name of previous financial institution	Address	
Account No:		
Previous Account Number	City State Zip	
This letter serves as authorization to close my account.		
Please send me a check for the remaining balance to the	OTS Employees	Credit Union
address shown at right.	A division of Aloha Pacif	
Signature	Date	
Print Name		^
Co-Signer Signature	Date	EQUAL HOUSING
Print Co-Signer's Name	MKT-FM-313 This credit union is federally insured by the National Credit Unio	
	AUTHOR	IZATION
	TO CHANGE MY AUTOMATIC F	
	10 CHARGE MT ACTOMATICT	AIMEINI
Effective/, I hereby authorize to change	Please update my payment information to my account	
my automatic payments to the company listed below to	with OTS Employees CU as follows:	
come from my account with OTS Employees CU.	Bank Routing Number: 321379148	
Pay to:	Account Number	
Account/PolicyNo:	Account Type:	
1 cooding 1 oney two.		0. 10.11.1
Name	Checking Savings Employees	Credit Union fic Federal Credit Union
Address		4

City _____ State ____ Zip ____