



Central To Your Success



MAKE THE SWITCH TO COUNTY CREDIT UNION CHECKING

YOU'LL ENJOY FREEDOM AND CONVENIENCE WITH EITHER OF COUNTY'S CHECKING OPTIONS!

REGULAR CHECKING

- No monthly service charge
- No minimum balance requirement

CHECKING PLUS

- Dividends earned on your balance of \$250 or more
- No monthly fee as long as \$250 balance is maintained

TERRIFIC BENEFITS WITH EVERY COUNTY CHECKING ACCOUNT

- Free Visa® debit card
- Surcharge-free access to nearly 30,000 CO-OP ATMs
- Free online banking
- Free online bill-pay service
- Free e-statements

Switching To County Checking Is Easy

All the benefits of County checking will be yours in just a few short steps:

STEP 1

Come in to the County Credit Union office and open your new checking account. New member? You'll also need to open a savings account with just a \$5 deposit.

STEP 2

Stop using your previous checking account, and allow previously written checks and debits to clear.

STEP 3

Switch your direct deposit to CCU. Simply complete the **Authorization For Direct Deposit** form, attach a new, voided County check, and submit it to the appropriate recipients.

STEP 4

Switch your automatic payments to CCU. Complete the **Authorization For Automatic Payments** form (make as many copies as you need), and send it to the companies and organizations that make automatic withdrawals from your account.

STEP 5

Confirm that all prior debits and credits have cleared your old account, and that you have switched your automatic deposits and payments. Send the completed **Authorization To Close Account** form to your former financial institution. They will issue a check to you for any outstanding balance, less any outstanding fees.

You'll discover that checking with County Credit Union is "Central To Your Success"!

MAY16-327TAG



www.countycu.org
(314) 725-1113

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Clayton, MO 63105-1913



Federally Insured By NCUA

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 **County Credit Union** account.

281080360 _____

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 County 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 receiving automatic payment _____

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 **County Credit Union** account.

281080360 _____

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 County 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.