Getting Started

Making the switch to better banking today!

You can make the move to Kaskaskia Valley Community Credit Union in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Kaskaskia Valley Community Credit Union, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new Kaskaskia Valley Community Credit Union account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to Kaskaskia Valley Community Credit Union.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Kaskaskia Valley Community Credit Union.





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Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Kaskaskia Valley Community Credit Union account. Use one form for each direct deposit.

Notification of D	irect Deposit Au	uthorization C	hange
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, pl	ease deposit the net ar	mount of my check t	o my Kaskaskia Valley
Community Credit Union	account. I authorize (r	name of depositor)	
to automatically deposit	funds into the account	below. This authorize	ation shall remain in
place until I have submit	ted a new authorization	n, or until this autho	rization is changed or
revoked by me in writing.			
Place an X next to your de	sired option.		
Net amount	to Kaskaskia Valley Co	mmunity Credit Uni	on
Account #		Routing #	281985973
Net amount	to Kaskaskia Valley Co	mmunity Credit Uni	on SAVINGS
Account #		Routing #	281985973
Signature:			Date:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

Pa۱	/rol
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Investment	

____ Retirement Plans

____ Social Security





Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of V	Vithdrawal Authorization Cha	ange
Name of Company:		
Account Number:		
Payment Amount:		
Address:		
City, State, Zip:		
Phone Number:		
Please cancel all automa	atic withdrawals from my old institution:	
Financial Institution:		
Account #	Bank Routing #	
Please make all future a	utomatic withdrawals from my new institutio	n:
Financial Institution:	Kaskaskia Valley Community Credit Union	1
Account #	Bank Routing #	281985973
	nain in effect until I have submitted to you a ne me in writing that this authorization has been o	
Signature:		Date:
Name:		
Address:		
City, State, Zip:		
Phone Number:		

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

lama	Mortgage
101116	MUNDADE

	Loans

____ Utilities

____ Insurance

____ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

____ Investments

____ Subscriptions

___ Charity Donations





Account Closure Authorization

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You can authorize your remaining balance to be deposited automatically to your new Kaskaskia Valley Community Credit Union account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Account Closure Authorization
To Whom It May Conce	ern:
Financial Institution:	
Address:	
City, State, Zip:	
Please close my accoun	nt:
Account Number:	Primary Owner:
Address:	
City, State, Zip:	
Please send the remain Place an X next to your desi Please deposi Account #	
Please forwa	ard me a check to my address listed below.
Primary Signature:	Date:
Joint Signature:	
Name:	
Address:	
City, State, Zip:	
Phone Number:	

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to Kaskaskia Valley Community Credit Union!



