Getting Started

Making the switch to better banking today!

You can make the move to Doches 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 DCU, where you'll enjoy a better experience for all your banking needs!

Open your new account.

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

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to DCU.

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 DCU.





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 Doches Credit Union account. Use one form for each direct deposit.

Notification of Di	Direct Deposit Checklist:			
Company or Employer: Address:				Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.
City, State, Zip:				Payroll
Phone Number:				Investments
Employee ID: <i>(if applicable)</i>				Retirement Plans Social Security
Effective immediately, ple	ease deposit the net ar	mount of my check t	to my DCU account. I	
authorize (name of depos	itor)			
to automatically deposit f				
place until I have submitt		n, or until this autho	prization is changed or	
revoked by me in writing.				
Place an X next to your des	ired option.			
Net amount t	to DCU CHECKING			
Account #		Routing #	313186640	
Net amount t	to DCU SAVINGS			
Account #		Routing #	313186640	
Signature:			Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				





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	Withdrawal Auth	norization Ch	ange	Automatic Withdrawal	
Name of Company:				Checklist:	
Account Number:				Use this list to remember all your automatic payments you need to	
				transfer. These are some of the	
Payment Amount:				most commonly used automatic	
Address:				payments.	
City, State, Zip:				Home Mortgage	
Phone Number:				Auto Loans	
Phone Number:				Utilities	
Please change my autor	natic withdrawal from th	e following account	2	Insurance	
Financial Institution:				Cable/Internet	
				Gym/Club Memberships	
Account #		Bank Routing #		Credit Cards	
Please make all future a	utomatic withdrawals fro	om the following ac	count:	Investments	
Financial Institution:	Doches Credit Union			Subscriptions	
Account #		Bank Routing #	313186640	Charity Donations	
Thank you very much					
This authorization will ren you have been notified by		•		til	
Signature:			Date:		
Name:					
Address:					
City, State, Zip:					
Phone Number:					





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new Doches 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	Congratulations!	
To Whom It May Conce Financial Institution: Address: City, State, Zip:		You had to sign your name a few timesbut 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 Doches Credit Union!
Please close my accou Account Number:	nt: Primary Owner:	
Address: City, State, Zip:		
Please send the remain Place an X next to your des Please depo Account #		
Please forwa	ard me a check to my address listed below.	
Primary Signature:	Date:	
Joint Signature:		
Name:		
Address:		
City, State, Zip:		
Phone Number:		

