

It's **easy and convenient** to switch your accounts to **FORUM Credit Union**. With the **FORUM Switch Kit**, you will have everything you need to switch from your current financial institution to FORUM. We have included a **Switch Kit Checklist** along with prewritten forms for you to fill in the blanks and sign.

**Switch Kit Checklist:**

- Open FORUM Account(s)
- Make sure checks have cleared your current checking account
- Make sure enough funds are available to cover any automatic payments that need to be withdrawn
- Send written notice to your direct deposit vendors (Payroll, Social Security, Interest Payments, etc.)
- Send written notice to vendors who automatically take payments from your checking account (Utilities, Insurance, Cable, etc.) that you are closing the account
- Send notification of new account information to vendors who you want to continue to generate automatic withdrawals
- Send written notice to old financial institution for account closure

**Forms Provided by FORUM:**

- **Direct Deposit Form** Use this form to change your direct deposit from your old account to your new FORUM account. Or, use this form to sign up for a new direct deposit.
- **FORUM Direct Deposit Form** Use this form to sign up for direct deposit and to allocate funds within your FORUM account.
- **Automatic Payment Form** Use this form to transfer automatic payments from your old account to your new FORUM account. Or, use this form to start a new automatic payment from your FORUM account.
- **Automatic Payment Cancellation Form** Use this form to cancel your automatic payment(s) from your old financial institution account.
- **Account Closing/Transfer Form** Use this form to close your existing account and have the remaining balance transferred to your new FORUM account.

**DIRECT DEPOSIT CHANGE OR AUTHORIZATION FOR NEW DIRECT DEPOSIT**

**Employer and/or Company Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**Your Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**Please check one of the following:**

- Direct Deposit Change
- Authorization for New Direct Deposit

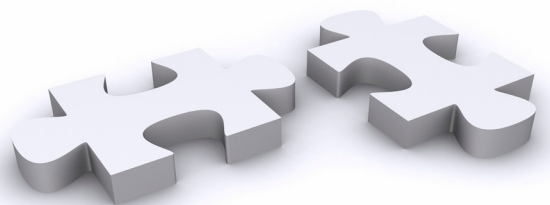
**New Direct Deposit Information:**

Name of Financial Institution FORUM Credit Union  
 Address P.O. Box 50738, Indianapolis, IN 46250  
 FORUM Credit Union Routing Number 274074037  
 Account Number \_\_\_\_\_

Please deposit  my entire check or  
 part of my check \$ \_\_\_\_\_  
 to the following:  Checking  Savings

I hereby authorize my employer to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer to direct FORUM to return said funds. This authority is to remain in effect until the company has received timely written notice from me of termination or until the company or FORUM has sent me ten days written notice of termination of this arrangement. The company may also suspend this arrangement to fulfill lawful wage attachment orders. I understand I am responsible for the validity of the information on this form.

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



**FORUM DIRECT DEPOSIT**

**Your Information:**

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**Section 1 Net Pay**

New  Change  
 ABA/Routing Number 274074037  
 Account Number \_\_\_\_\_

**Section 2 Fixed Amount**

New  Change  
 ABA/Routing Number 274074037  
 Account Number \_\_\_\_\_

Deduction Amount \$ \_\_\_\_\_  
 Until further notice, deduct the above each  
 WK  BI-WK  SM  MO and remit to:  
**FORUM Credit Union, P.O. Box 50738, Indianapolis, IN 46250.**

**Section 3 Pay Distribution**

Savings \$ \_\_\_\_\_ Share Draft/Checking \$ \_\_\_\_\_  
 Santa Savings \$ \_\_\_\_\_ Special Savings \$ \_\_\_\_\_  
 Loan Payment \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Related Account # \_\_\_\_\_ \$ \_\_\_\_\_

I hereby authorize my employer to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer to direct FORUM to return said funds. This authority is to remain in effect until the company has received timely written notice from me of termination or until the company or FORUM has sent me ten days written notice of termination of this arrangement. The company may also suspend this arrangement to fulfill lawful wage attachment orders. I understand I am responsible for the validity of the information on this form.

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

**AUTOMATIC PAYMENT CHANGE OR AUTHORIZATION FOR AUTOMATIC PAYMENT**

**Company Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**Your Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Account # with above Company \_\_\_\_\_

**Please check one of the following:**

- Automatic Payment Change**  
 I have recently changed financial institutions and would like to have my automatic payment(s) with your company changed to my new account. Please discontinue debiting my previous account and begin making automatic withdrawals from my FORUM Credit Union Account according to the following information:
- Authorization for Automatic Payment**  
 Please begin making automatic withdrawals from my FORUM Credit Union Account according to the following information:

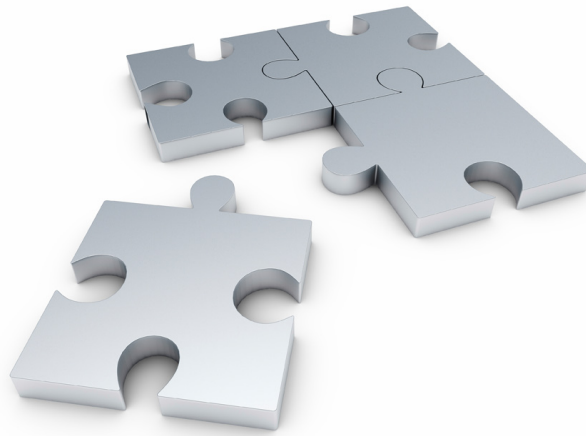
Name of Financial Institution FORUM Credit Union  
 Address P.O. Box 50738, Indianapolis, IN 46250  
 FORUM Credit Union Routing Number 274074037  
 FORUM Account # \_\_\_\_\_

Checking  Savings

**Date(s) or Frequency of Payment**

Amount Due  
 Specific Amount \$ \_\_\_\_\_

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



**AUTOMATIC PAYMENT CANCELLATION**

**Company Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_

**Your Information:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Account # with above Company \_\_\_\_\_  
 Payment Amount \$ \_\_\_\_\_  
 Date of Automatic Payment \_\_\_\_\_

- Please discontinue making withdrawals from  
 \_\_\_\_\_  
 Present Financial Institution  
 \_\_\_\_\_  
 Routing Number  
 \_\_\_\_\_  
 Account Number

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

**ACCOUNT CLOSURE/TRANSFER**

Name \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Co-owner/Applicant \_\_\_\_\_  
 Co-owner/Applicant SSN \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**Transfer my Account FROM:**

Name of Financial Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Existing Account Number \_\_\_\_\_

**Please check one of the following:**

- Please close my account and send the remaining balance to me at the address noted above.
- Please close my account and send the remaining account balance to:  
*FORUM Credit Union*  
*PO Box 50738 • Indianapolis, IN 46250*  
 Please reference Account #: \_\_\_\_\_

I hereby authorize you to complete the requested transfer and account closure from my existing account.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-owner's Signature \_\_\_\_\_ Date \_\_\_\_\_