

QUICK CHANGE CHECK LIST

This kit was created to help you make a smooth transition from your current checking account to your City of Boston Credit Union Checking Account. Use this checklist as a guide to make your switch.

✓ **Apply for CBCU Checking-**

Complete the enclosed Checking Account Application and return to any location. Remember to include an enlarged copy of your drivers license.

✓ **Close down your old account(s)-**

Be sure to make sure any outstanding checks and automatic withdrawals have cleared. Use the enclosed form to inform your previous financial institution that you would like your account closed and any balance forwarded to your new account at City of Boston Credit Union.

✓ **Switch Direct Deposit-**

Use the enclosed form to inform your employer/payroll department that you would like to switch your direct deposit to your new CBCU Checking Account. If you have your Social Security payment direct deposited you can call them at 1-800-772-1213 and they will take your new account information over the phone.

✓ **Redirect Automatic Payments-**

Complete the Redirect Automatic Payments form and send to each creditor that you have paid directly from your account.

CHECKING ACCOUNT APPLICATION-SIDE 1

Member Name: _____

Member Number: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Joint Owner Name (if any): _____

Check Order Information

Style* _____ # of Boxes _____

Print information that will appear on your check (name, address, phone, etc.)

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

*Standard Style (BSCN) is blue with carbon impression, cancelled checks are not returned to member, but you may request check images below, which will be added to your monthly statement. 150 checks per box. More styles available at an additional cost. Visit www.libertysite.com for additional styles.

Photo Imaging Request

Photo images of each personal check cleared from your account are available as part of your monthly statement. Please indicate if you would like to receive check photo images.

_____ Yes _____ No

CHECKING ACCOUNT APPLICATION-SIDE 2

Request for Overdraft Protection

Yes No

Overdraft Protection allows the Credit Union to automatically transfer any available funds from your savings or money market account to your checking account to cover any checks presented to the Credit Union for payment which would otherwise be returned for insufficient funds. A service fee of \$1.00 will be incurred, with a maximum of \$1.00 per day, no matter how many checks are covered.

Debit Card Access Request

City of Boston Credit Union Debit Card to access checking account funds via ATMs and point-of-purchase retailers.

Yes No

Request for Joint Owner Debit Card:

First: _____ Last: _____

S.S.# _____

Joint Owner must be joint on accounts for Debit Card access. Upon approval you will receive a Debit Card(s) and a randomly selected Personal Identification Number (PIN).

Authorization

Upon receipt of your application you will receive a NOW account rules and regulations brochure and a receipt for your deposit. You also agree to read and familiarize yourself with the terms of the "Electronic Fund Transfers Agreement" and all other requirements in that brochure. If you requested a Debit Card(s) you understand that use of the Debit Card(s) is subject to the terms in the Debit Card(s) brochure, which will arrive with your Debit Card(s). I understand that by using the ATM or Debit Card(s) or permitting others to use it, I will consent to these terms.

Member (Owner's) Signature

Date

Joint Owner's Signature

Date

An enlarged copy of your driver's license MUST accompany this application.

AUTHORIZATION TO CLOSE ACCOUNT

Complete and submit this form to your current financial institution authorizing them to close your account with them and directing your balance to your City of Boston Credit Union Account.

TO:

Previous Financial Institution

Address

City

State

Zip

FROM:

Your Name

RE: Account Closing

Old Account Number _____

Account Type: Checking Savings

Daytime Phone Number: _____

New Financial Institution Information:

Effective immediately, please close my account(s) and transfer the balance to my new account at:

CITY OF BOSTON CREDIT UNION

City Hall, Room 242

Boston, MA 02201

Routing Number: **211080822**

Account Number: _____

Account Type: Checking Savings

Make check payable to **CITY OF BOSTON CREDIT UNION** for benefit of:

Member Name

Signature

Date

Joint Signature

Date

Thank you for your assistance in making this change

AUTHORIZATION TO SWITCH DIRECT DEPOSIT

Complete and submit this form to your employer/ payroll department to authorize direct deposit into your City of Boston Credit Union account. *Please note some employers/departments may require you to complete additional forms.*

TO:

Employer or Department: _____

Address _____

City, State, Zip _____

FROM:

Your Name: _____

RE: Change Direct Deposit _____

NEW FINANCIAL INSTITUTION INFORMATION

Effective immediately, please transfer my direct deposit to my new account at:

CITY OF BOSTON CREDIT UNION

City Hall, Room 242 • Boston, MA 02201

617-635-4545

Routing (ABA) Number: **211080822**

Account Number: _____

Please disperse my direct deposit as follows:

Savings: Amount: \$_____ or Net Check

Checking: Amount: \$_____ or Net Check

Money Market: Amount: \$_____ or Net Check

I hereby authorize my direct deposit to be sent to my account at City of Boston Credit Union. Thank you for your assistance in making this change.

Signature

Date

Social Security Number

Daytime Phone

REDIRECT AUTOMATIC PAYMENTS

Complete the following and forward to any/all creditor(s) (i.e. fitness center, utilities, etc.) that may be deducting payments from your current account. Please note you may be required to complete additional forms from your creditor.

TO:

Company Name _____

Address _____

City, State, Zip _____

FROM:

Name: _____

RE: Transfer of Automatic Payment

You are currently withdrawing \$ _____

For payment on my Account Number _____

From my Account Number _____

at my Old Financial Institution _____

Address _____

City, State, Zip _____

FUTURE PAYMENTS WILL COME FROM:

CITY OF BOSTON CREDIT UNION

City Hall, Room 242 • Boston, MA 02201

617-635-4545

Routing (ABA) Number: **211080822**

Account Number:

I hereby authorize you to redirect automated payment withdrawals from my account at City of Boston Credit Union. Thank you for your assistance in making this change.

Member Name

Signature

Date

Joint Signature

Date

Daytime Phone Number