

With our simple *Switch Kit*, we take the worry out of changing financial institutions.

Moving your accounts to HealthCare Associates is fast, convenient and easy. Complete the requested information regarding your new and current checking accounts, direct deposits (payroll, retirement, social security and any automatic payments you may have). Then forward all completed forms to:

HealthCare Associates Credit Union
Attn.: Member Relations
1151 E. Warrenville Road
Naperville, IL 60563

Or fax them to 630.717.4706. ATTN.: Member Relations

Complete the following forms:

- 1. AUTHORIZATION TO TRANSFER FUNDS:** Transfer a part or all of your balances from your old financial institution.
- 2. DIRECT DEPOSIT REQUEST:** This form authorizes your employer to deposit the amounts you indicate into your HealthCare Associates Credit Union account.
- 3. ELECTRONIC PAYMENT CHANGE REQUEST:** This form authorizes your existing service providers or merchants to redirect your electronic payments to your HealthCare Associates Credit Union account.
- 4. DIRECT DEPOSIT/DIRECT DEBIT CHECKLIST:** Provide us with a list of financial institutions and service providers and we will forward your authorizations on your behalf.

Make sure all outstanding checks and automatic withdrawals have cleared your current account, then destroy all old checks, deposit tickets, ATM and debit cards.

If at any time, you have questions regarding your account, please feel free to contact us by mail at the address listed above or by phone, 630.276.5700.

Authorization to Transfer Funds Switching to HealthCare Associates Credit Union

HealthCare Associates Credit Union Account Information:

Owner Name: _____

Member Number: _____

Joint Owner: _____

Transfer Account Funds From:

Financial Institution Name: _____

Account Number: _____

Address: _____

City/State/Zip _____ Phone No. _____

Instructions to Transferring Institution

Transfer all funds and close my account. Transfer exactly: _____

Transfer the funds immediately. Transfer funds on the following date: _____

Other: _____

Please accept this letter as my authorization to transfer funds from the above named account to:

HealthCare Associates Credit Union
Attn.: Member Relations
1151 E. Warrenville Road
Naperville, IL 60563

HealthCare Associates Credit Union Routing Number: **271992183**

Please make the check payable to HealthCare Associates Credit Union and note on the check that it is for deposit to my HealthCare Associates account # _____

Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

Direct Deposit Request

Date: _____ Employee #: _____

Employee Name: _____

Name of Employer: _____

Employer Address: _____

New Financial Institution:

HealthCare Associates Credit Union
1151 E. Warrenville Road
Naperville, IL 60563

New Financial Routing Number: **271992183**

New Financial Account MICR Number: _____
(To be completed by HealthCare Associates if unknown)

Payroll Number: _____ Effective Deposit Start Date: _____

Checking Savings Net Check \$ _____

Weekly Bi-Weekly Monthly Semi-Monthly

I hereby authorize and request the employer (named above) to deposit the amounts indicated and deposit these funds at HealthCare Associates Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization.

Signature: _____ Date: _____

Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.

Electronic Payment Change Request

Name of Payee/Merchant: _____

Payee/Merchant Address: _____

Account #: _____ Amount of Payment: \$ _____

Phone No.: _____ Date: _____

I hereby authorize and request that my electronic payment from:

Account #: _____ at _____
(financial Institution)

Be changed to **HealthCare Associates Credit Union**
1151 E. Warrenville Road
Naperville, IL 60563
(ABA Routing Number: **271992183**)

Checking Savings

HealthCare Associates Credit Union MICR Account #: _____

I authorize this change in electronic payment effective: _____

Signature: _____ Date: _____

Check with your service provider. Some companies may require you to complete their own form for regular electronic payments.

HealthCare Associates Credit Union
Attn.: Member Relations
1151 E. Warrenville Road
Naperville, IL 60563

