

**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 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 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**

