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 form 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
### Direct Deposit / Direct Debit Checklist

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<th>Deposits</th>
<th>Company Name / Address</th>
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