

How to Use the Account Switch Kit

Switching your accounts from another financial institution has gotten a whole lot easier! The Account Switch Kit was developed to help new members make a smooth transition to Sun Federal's products and services.

Open Up Your New Accounts

First, open your Sun Federal Credit Union savings account. The minimum opening balance is \$5. Once this account is opened you will have access to our no-fee checking, certificates, loans, online account access and more! Visit www.sunfederalcu.org for a comprehensive list of services available. Your immediate family members are also eligible to join!

Close Down Your Old Accounts

Make sure you leave your old account active long enough to allow outstanding checks and automatic withdrawals to clear. Once you're confident that the old accounts are inactive, simply fill-out the Close Down form and mail or present it to your previous financial institution. Don't forget to destroy unused old checks, debit cards, etc.

Switch Over Your Automatic Transactions

Change Payroll Direct Deposit – provide this form to anyone who makes direct deposits to your account. This includes:

- Your employer's human resource or payroll department (they may have their own form for your use)
- Your retirement or pension payment provider
- Social Security Administration

Change Automatic Withdrawals – provide this form (ask if you need to use a form from the company that makes the automatic withdrawal) to anyone who makes automatic withdrawals from your account:

- Mortgage company
- Insurance company
- Loans
- Utility bills

Close Account					
Date					
Financial Institution Name					
Address					
City	State		Zip		
To Whom It May Concern: Please close my account (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me during the Day or Evening (select one) at (phone number). Thank you. Sincerely,					
Signature		Co-Signer Signature			
Name (print)		Co-Signer Name (print)			
Address					
City	State		Zip		

Change F	Payroll	Direct De	eposit
Date			
Employer/Depositor's Name			
Address			
City	State		Zip
To Whom It May Concern:			
You are currently depositing My Entire Pay	check 🗌 Part	of My Paycheck (sel	ect one) to this account:
Former Financial Institution			
Bank Routing Number			
Account Number			
Please stop making deposits to that account a	nd instead ma	ke them to:	
Sun Federal Credit Union			
Routing number: 241282412			
Account Number Select One: Checking Savings			hecking Savings
If you have any questions about this request, please contact me during the Day Evening (select one) at			
(phone number). Thank you.			
Sincerely,			
Signature			
Name (print)			
Address			
City	State		Zip

Give this letter to your employer.

Change Automatic Withdrawal				
Date				
Name of Company That Makes Automatic Wit	hdrawal			
Address				
City	State Zip			
To Whom It May Concern:	om It May Concern:			
You are currently withdrawing \$ (amou	nt) for my (what payment is	for),		
(account or other identifying number),	(when) from the following a	ccount:		
Former Financial Institution				
Bank Routing Number				
Account Number				
Please STOP taking withdrawals from that acco	ount and instead take them from:			
Sun Federal Credit Union				
Routing number: 241282412				
Account Number Automatic wit	hdrawals can only be made from checking			
If you have any questions about this request, please contact me during the Day Evening (select one) at				
(phone number). Thank you.				
Sincerely,				
Signature				
Name (print)				
Address				
City	State	Zip		

Send this letter to the company that makes the automatic withdrawal.

Change Automatic Deposit				
Date				
Name of Company That Makes Automatic Dep	osit			
Address				
City	State	Zip		
To Whom It May Concern:	It May Concern:			
You are currently depositing \$ (amount)) for my (what deposit is for), (account or other identifying		
number), (when) to the following accou	nt:			
Former Financial Institution				
Bank Routing Number				
Account Number				
Please stop making deposits into that account	and instead put them into:			
Sun Federal Credit Union				
Routing number: 2412-8241-2				
Account Number				
If you have any questions about this request, please contact me during the Day Evening (select one) at				
(phone number). Thank you.				
Sincerely,				
Signature				
Name (print)				
Address				
City	State	Zip		

Send this letter to the company that makes the automatic deposit.

Transfer Authorization Form						
(All amoun	t change requests to	direct de	eposit must go t	hrough your en	nployer's payr	oll department.)
Date						
Select One:	New Request	Re	equest to Modify	Existing Transf	fer 🗌	Cancel Transfer
Member Name						
Member Account to	Transfer From:					
I authorize Sun Fede	eral Credit Union to to	ansfer	funds from my a	account as dire	cted below:	
Date to Start Transf	er					
Frequency:	Monthly] Semi- N	Monthly	☐ Bi-\	Weekly	Weekly
Amount (\$)	Account (to transfer	to)	Suffix	Share		Loan
I understand it is my	responsibility to main	ntain a k	palance in my ac	count to enable	e the transfer(s) to be made. The
transfer(s) will conti	nue until I notify Sun	Federal	Credit Union in	writing to cance	el or update th	ne transfer or if Sun
Federal Credit Unio	n notifies me the trans	sfer will	be discontinued	l. Deductions w	ill stop autom	atically when the loan(s)
is paid off. The fund	s will then remain in t	he net a	account my payr	oll deposits into	Э.	
Signature						
Name (print)						
Address						
City		St	State		Zip	
Give this form to	your branch manage	er or loa	an officer.			
Office Use Only:	transfer	ansfer Gro	oup			
Date Processed:	Processed By:					