

# Painesville Credit Union Switch Kit

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Take the hassle out of switching your checking account with our complete and easy to understand switch kit



## *Switch Kit*





# Switch Kit

## Direct Deposit Transfer Request Form

Once you have completed this form, please deliver it to your employer/depositor for processing.

\_\_\_\_\_  
Employer/Depositor

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

To Whom It May Concern:

You are currently electronically depositing funds to the following account:

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Routing Transit Number

\_\_\_\_\_  
Account Number

Please stop depositing to the above account and begin depositing to the account listed below.

### New Account Information:

Painesville Credit Union  
Financial Institution

241280935  
Routing Transit Number

\_\_\_\_\_  
Account Number:      Account Type: \_\_\_\_\_ Savings      \_\_\_\_\_ Share Draft Checking

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, St, Zip

\_\_\_\_\_  
Phone

\*Remember to include a voided check with your request



# Switch Kit

## Automatic Payment Request Form

This form should be filled out and sent to the payee or merchant, with whom you currently have automatic payments set up. This would include: utility companies, credit card companies, mortgage holders, etc.

\_\_\_\_\_  
Employer/Depositor

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$\_\_\_\_\_ for the payment of my \_\_\_\_\_  
on the \_\_\_\_\_ of each month from the account listed below:

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Routing Transit Number

\_\_\_\_\_  
Account Number

Please stop withdrawing from the above account upon receiving this letter and begin to withdraw from the account listed below.

### New Account Information:

Painesville Credit Union  
Financial Institution

241280935  
Routing Transit Number

Account Number: \_\_\_\_\_ Account Type \_\_\_\_\_ Savings \_\_\_\_\_ Share Draft Checking

If you have any questions about this request, please feel free to contact me at:

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, St, zip

\_\_\_\_\_  
Phone

\*Remember to include a voided check with your request



## Switch Kit

### Close Account Form

Be sure to leave sufficient funds in your current account long enough for outstanding checks and automatic withdrawals to clear. Once all transactions have been posted and you are ready to close the account, print and complete this form, and mail it to your current financial institution.

\_\_\_\_\_  
Employer/Depositor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

#### To Whom It May Concern:

Please close my account # \_\_\_\_\_ and forward the funds remaining in my account to:  
Painesville Credit Union, 280 North St. Clair St. Painesville Credit Union's routing number is: **241280935**

My Painesville account number is \_\_\_\_\_: \_\_\_\_\_ Savings \_\_\_\_\_ Share Draft  
Checking

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, St, zip

\_\_\_\_\_  
Joint Owner - if applicable (please print)

\_\_\_\_\_  
Joint Owner Signature - if applicable

Date