



This account Switch Kit makes it fast and easy to begin enjoying all the benefits of membership at Pocatello Teachers Federal Credit Union. The 4 steps in this kit will allow you to close your old accounts, transfer your direct deposits, set up automatic bill payments and much more.

Switch Kit

Join Pocatello Teachers Federal Credit Union by opening a share account with at least \$25.00.

Then you may open a share draft account, apply for loans and Visa credit and debit cards.

Fill out the account card to get started.

1 Account Card

Designate the ownership of the accounts and responsibility for the services requested.

Member Agreement

Account Number: _____ Date: _____

Account Owner Name: _____

Address: _____

Home Phone: _____

Share Account Share Draft I. R. A. Certificate Other: _____

Ownership: Joint Ownership With Rights of Survivorship Individual

Eligibility for Membership: _____

Name and Address of someone who will always know your location: _____

Account Opened By: _____ Form of Identification: _____

Account Designation: _____

Payable on Death Beneficiary: _____

Address: _____

Certification as to Taxpayer Identification Number and Backup Withholding

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (Social Security Number), and
- (2) I am not subject to backup withholding because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

*Only cross out subpart (2) if you are subject to backup withholding.

- 1. This membership and account are subject to the Financial Institution Act of 1981 or the Federal Credit Union Act, as applicable; the Articles of Incorporation and Bylaws of the Credit Union; and the policies and procedures of the Credit Union, including all amendments or modifications, that may occur from time to time.
- 2. The Credit Union can charge a membership and/or service fee against this account in an amount set forth in the Member Handbook and/or fee schedules.
- 3. Ownership of this account is in accordance with Idaho Code Sec. 26-2124 et. seq. and other applicable law.
- 4. This membership and account are subject to the terms of the Member Account Agreement and Disclosures.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Agents - the individual Signing above on Line(s) _____ is Signing As:

Authorized Signer Power of Attorney - agreement of file Parent/Guardian

Other: _____



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1 Account Card (continued)

Designate the ownership of the accounts and responsibility for the services requested.

Member Agreement

	Member (1)	Signer (2)
Name:	_____	_____
SSN:	_____	_____
Birth Date:	_____	_____
Street Address:	_____	_____
Mailing Address:	_____	_____
City/State/Zip:	_____	_____
Phone: Home Other Bus:	_____	_____
ID: Driver's Lic. No.:	_____	_____
E-mail:	_____	_____
Occupation Employer:	_____	_____
Employer's Address:	_____	_____
Relationship to Member:	_____	_____
Password or Mother's Maden Name:	_____	_____
	Signer (3)	Signer (4)
Name:	_____	_____
SSN:	_____	_____
Birth Date:	_____	_____
Street Address:	_____	_____
Mailing Address:	_____	_____
City/State/Zip:	_____	_____
Phone: Home Other Bus:	_____	_____
ID: Driver's Lic. No.:	_____	_____
E-mail:	_____	_____
Occupation Employer:	_____	_____
Employer's Address:	_____	_____
Relationship to Member:	_____	_____
Password or Mother's Maden Name:	_____	_____



Switch Kit

For social security or SSI contact the Social Security Administration at: 1-800-772-1213 or www.ssa.gov/deposit/howtosign.htm

Fill out a Payroll Deduction Direct Deposit Authorization. Take a copy to your payroll department. (Note they may have an additional agreement for you to sign)

2 Payroll Deduction Direct Deposit Authorization

Switch your payroll or retirement direct deposit to Pocatello Teachers Federal Credit Union

Employer Payroll Deduction Authorization

Member: _____ Member No.: _____
 Employer: _____ SSN/TIN: _____
 Home Phone: _____ Work Phone: _____ Payroll No.: _____

Initial Authorization Change in Authorization

Membership Eligibility: _____ Membership Eligibility: _____
 SSN/TIN: _____ SSN/TIN: _____
 Driver's Lic. No.: _____ Driver's Lic. No.: _____
 Date of Birth: _____ Date of Birth: _____
 Password: _____ Password: _____
 Employer: _____ Employer: _____
 E-mail: _____ E-mail: _____

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds to the Credit Union for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization is revocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization. I grant the Credit Union a power of attorney to increase or decrease the amount of my deduction upon my written or verbal request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

Deposit Amount: Net Check \$ _____ Payroll Period: Weekly Monthly
 Biweekly Semi-Monthly
 Credit Union Routing No.: _____
 Deposit To: Savings Checking Account No.: _____

 Signature X Effective Date

Credit Union Direct Deposit Authorization

By signing above, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:

Share Draft/Checking	# _____	\$ _____	or _____%
Share/Savings	# _____	\$ _____	or _____%
Money Market	# _____	\$ _____	or _____%
Loan	# _____	\$ _____	or _____%
Loan	# _____	\$ _____	or _____%
IRA	# _____	\$ _____	or _____%
Other: _____	# _____	\$ _____	or _____%
Other: _____	# _____	\$ _____	or _____%



Switch Kit

Balance and discontinue use of your old checking account.

3 Automatic Payment Transfer Form

Use to transfer automatic payments for mortgage, utilities, insurance, etc.

Switch any automatic and online payments to your new account at Pocatello Teachers Federal Credit Union.

Pocatello Teachers Federal Credit Union routing and transit number **324173697**

Name _____ Customer's Account# _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per original agreement, from the following Credit Union at: Pocatello Teachers Federal Credit Union

Checking Account

Routing Number **324173697**

Member's Signature _____ Date _____

Verify with company if voided check or deposit slip is needed.

Name _____ Customer's Account# _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per original agreement, from the following Credit Union at: Pocatello Teachers Federal Credit Union

Checking Account

Routing Number **324173697**

Member's Signature _____ Date _____

Verify with company if voided check or deposit slip is needed.

Name _____ Customer's Account# _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per original agreement, from the following Credit Union at: Pocatello Teachers Federal Credit Union

Checking Account

Routing Number **324173697**

Member's Signature _____ Date _____

Verify with company if voided check or deposit slip is needed.

Name _____ Customer's Account# _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per original agreement, from the following Credit Union at: Pocatello Teachers Federal Credit Union

Checking Account

Routing Number **324173697**

Member's Signature _____ Date _____

Verify with company if voided check or deposit slip is needed.

4 Account Closing Request

Close your old accounts.

Before closing your old accounts:

- ◆ Make sure all checks have cleared.
- ◆ Make sure all automatic withdrawals and direct deposits have been switched to your Pocatello Teachers Federal Credit Union account.
- ◆ Destroy any remaining checks, and return debit cards and ATM cards.

Fill out and mail Account Closure form to your old financial institution.

Previous Financial Institution: _____

Account # to be closed	Account Type	Name on Account
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize the closure of my account effective as of this day ____/____/____

To whom it may concern:

I hereby authorize you to close the account's listed above at your institution.
Please do one of the following:

1. Send a check for the remaining balance to my address shown here.

Address: _____

City/State/Zip: _____

OR

2. Transfer the remaining balance to my Pocatello Teachers Federal Credit Union account:

Pocatello Teachers Federal Credit Union
Atten: Switch Kit
1880 Garrett Way
Pocatello, ID, 83201
Pocatello Teachers Federal Credit Union **324173697**

My account number: _____ Checking Savings

Authorized signature: _____ Date: _____



That's it! You have successfully switched your account to Pocatello Teachers Federal Credit Union you can now take full advantage of the time and money saving options we offer.

Please let us know if we can assist you further with your financial needs.

We thank you for your business.

Switch Kit Check List

- _____ All checks have cleared the account.

- _____ All automatic withdrawals have been switched to Pocatello Teachers Federal Credit Union.

- _____ All direct deposits or payroll deductions have been switched to Pocatello Teachers Federal Credit Union.

- _____ Destroy all remaining checks or bring in your checks for your previous financial institution and we will shred them for you.

- _____ Return Debit Cards, Checks Cards, or ATM Cards to your previous financial institution.