

# SWITCH KIT



BEGIN

# WELCOME TO THE EASTERN NEW YORK FEDERAL CREDIT UNION SWITCH KIT

## **STEP 1: BECOME A MEMBER**

If you're not yet an Eastern New York Federal Credit Union member, stop by one of our branches or give us a call at (800) 223-1413 for eligibility.

## **STEP 2: COLLECT YOUR INFORMATION**

Get together the following items:

- Your ENY FCU account number, if you have one
- Personal information, such as address, Social Security number, etc.
- A voided check from your current financial institution
- A deposit slip from your current financial institution
- Information about any automatic payments to vendors, creditors, etc., which currently come out of your existing checking account
- Account numbers from your previous financial institutions

## **STEP 3: FILL OUT THE SWITCH KIT WORKSHEET ON THE UPCOMING PAGES**

Complete all requested information that is pertinent to the types of services you are interested in. For instance, if you have automatic payments from your current financial institution, complete the "Automatic Payments" section. If you wish to apply for credit, fill out the "Request for Credit" section.

**STEP 4: PRINT IT OUT!**

Look over your entries carefully, paying special attention to account numbers. Once you are satisfied everything on the worksheet is correct and complete, print out the Switch Kit.

NOTE: Due to limitations in the Adobe Reader software, you are unable to save your work. Once you've closed the file, all the information you've entered will be gone.

**STEP 5: CUT APART THE FORMS**

You will notice that there are several forms that have been automatically filled out from the information on your worksheet. Cut apart any forms for services you wish to use, and attach any documentation requested on the form.

**STEP 6: SIGN THE FORMS!**

Do not forget to sign each form where indicated!

**STEP 7: MAIL THEM TO EASTERN**

Mail the signed forms to us, or drop them off at our main office, and we will take care of the rest!

**EASTERN NEW YORK FCU**  
**ATTN: MEMBER SERVICES**  
**710 BERME RD**  
**NAPANOCH, NY 12458**



## FILL OUT THESE FORMS

Type of account:  Individual  Joint

Primary account holder name \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Work phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc. Sec. #     -     -     \_\_\_\_\_

Joint account holder name \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Work phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc. Sec. #     -     -     \_\_\_\_\_

Eastern New York FCU account number \_\_\_\_\_

## OPENING DEPOSIT

***YOUR FIRST PACK OF CHECKS IS ON US.***

Opening deposit or transfer amount \$ \_\_\_\_\_ What would you like your starting check number to be? \_\_\_\_\_

To fund your checking account (choose one):

Check attached for opening deposit amount

I (we) authorize a transfer from ENY FCU acct # \_\_\_\_\_

Funds transfer authorization form attached

## FUNDS TRANSFER

### **PREVIOUS FINANCIAL INSTITUTIONS:**

1 Previous financial institution \_\_\_\_\_ Previous account # \_\_\_\_\_  
2 Previous financial institution \_\_\_\_\_ Previous account # \_\_\_\_\_

## REQUEST FOR CREDIT

### **TYPE OF LOAN REQUESTED:**

Line of credit    VISA®    Home equity line of credit    Auto    Mortgage    None

Amount \$ \_\_\_\_\_ Collateral offered \_\_\_\_\_

### **CURRENT ACCOUNT RELATIONSHIPS:**

Financial institution _____	Type of acct _____	Avg balance \$ _____
Financial institution _____	Type of acct _____	Avg balance \$ _____
Financial institution _____	Type of acct _____	Avg balance \$ _____

## AUTOMATIC PAYMENTS

1 Name _____	Payee name _____
Payee address _____	City/State/Zip _____
Payee account # _____	Effective date of automatic payment change: _____
2 Name _____	Payee name _____
Payee address _____	City/State/Zip _____
Payee account # _____	Effective date of automatic payment change: _____
3 Name _____	Payee name _____
Payee address _____	City/State/Zip _____
Payee account # _____	Effective date of automatic payment change: _____

## DIRECT DEPOSIT

Employer \_\_\_\_\_

Effective date of automatic payment change: \_\_\_\_\_

Payroll no. (if applicable) \_\_\_\_\_

Initial authorization    Change in authorization

Payroll period:

Weekly    Monthly

Biweekly    Semi-monthly

Employer Address:

\_\_\_\_\_

\_\_\_\_\_

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

<b>ACCOUNT</b>	<b>AMOUNT</b>	<b>NET CHECK</b>
Share Draft/Checking	\$ _____	<input type="radio"/>
Share/Savings	\$ _____	<input type="radio"/>
Money Market	\$ _____	<input type="radio"/>
Loan# _____	\$ _____	<input type="radio"/>
Loan# _____	\$ _____	<input type="radio"/>
IRA	\$ _____	<input type="radio"/>
Other _____	\$ _____	<input type="radio"/>
<i>Total</i>	\$ _____	

# OPENING DEPOSIT OR TRANSFER

Type of account:  Individual  Joint

Primary account holder name \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc. Sec. # - -

Joint account holder name \_\_\_\_\_

Mailing address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc. Sec. # - -

ENY FCU acct # \_\_\_\_\_

Routing & transit # 221976861

Opening deposit or transfer amount \$ \_\_\_\_\_

What would you like your starting check number to be? \_\_\_\_\_

To fund your checking account (choose one):

- Check attached for opening deposit amount
- I (we) authorize a transfer from ENY FCU acct # \_\_\_\_\_
- Funds transfer authorization form attached

Signature(s) to authorize transfer:

\_\_\_\_\_/ /  
signature date

\_\_\_\_\_/ /  
joint signature date



**EASTERN NEW YORK  
FEDERAL CREDIT UNION**  
710 Berme Road, Napanoch, NY 12458

# FUNDS TRANSFER AUTHORIZATION

Primary member name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Joint member name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

ENY FCU acct # \_\_\_\_\_

Routing & transit # 221976861

*Please send my remaining balance to my credit union address on the bottom of this form.*



**EASTERN NEW YORK  
FEDERAL CREDIT UNION**

710 Berme Road, Napanoch, NY 12458

Transfer from \_\_\_\_\_

Account # \_\_\_\_\_

Effective immediately, I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Eastern New York Federal Credit Union, as indicated at left of this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature(s) to authorize transfer:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
signature date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
joint signature date

✂ Cut Here

# REQUEST FOR CREDIT

Primary member name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Joint member name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

ENY FCU acct # \_\_\_\_\_

Routing & transit # 221976861

Type of account:

Individual  Joint

Type of loan requested:

Line of credit  VISA®  Mortgage

Auto  Home equity line of credit

Amount \$ \_\_\_\_\_

Collateral offered \_\_\_\_\_

Current account relationships:

Financial institution \_\_\_\_\_ Type of acct \_\_\_\_\_ Avg balance \$ \_\_\_\_\_

Financial institution \_\_\_\_\_ Type of acct \_\_\_\_\_ Avg balance \$ \_\_\_\_\_

Financial institution \_\_\_\_\_ Type of acct \_\_\_\_\_ Avg balance \$ \_\_\_\_\_

Signature(s):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
signature date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
joint signature date



**EASTERN NEW YORK  
FEDERAL CREDIT UNION**

710 Berme Road, Napanoch, NY 12458

# FUNDS TRANSFER AUTHORIZATION

Primary member name \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_  
Joint member name \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
ENY FCU acct # \_\_\_\_\_  
Routing & transit # 221976861

*Please send my remaining balance to my credit union address on the bottom of this form.*



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Transfer from \_\_\_\_\_  
Account # \_\_\_\_\_

Effective immediately, I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Eastern New York Federal Credit Union, as indicated at left of this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature(s) to authorize transfer:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
signature date  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
joint signature date

✂ Cut Here

## AUTOMATIC PAYMENT CHANGE

Name \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
ENY FCU acct # \_\_\_\_\_  
Routing & transit # 221976861



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FEDERAL CREDIT UNION**  
710 Berme Road, Napanoch, NY 12458

Payee name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Account/policy # \_\_\_\_\_

The individual named at left has opened an account with Eastern New York Federal Credit Union. Effective \_\_\_\_\_ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

Signature to authorize transfer:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
signature date

✂ Cut Here

## AUTOMATIC PAYMENT CHANGE

Name \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_  
Home phone ( ) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
ENY FCU acct # \_\_\_\_\_  
Routing & transit # 221976861



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Payee name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Account/policy # \_\_\_\_\_

The individual named at left has opened an account with Eastern New York Federal Credit Union. Effective \_\_\_\_\_ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

Signature to authorize transfer:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
signature date

# AUTOMATIC PAYMENT CHANGE

Name \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_  
 Home phone ( ) \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 ENY FCU acct # \_\_\_\_\_  
 Routing & transit # 221976861

Payee name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Account/policy # \_\_\_\_\_

The individual named at left has opened an account with Eastern New York Federal Credit Union. Effective \_\_\_\_\_ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

Signature to authorize transfer:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 signature date



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✂ Cut Here

# DIRECT DEPOSIT

Member \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Effective date of automatic payment change: \_\_\_\_\_  
 Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_  
 Payroll no. (if applicable) \_\_\_\_\_  
 Initial authorization  Change in authorization

Payroll period:  
 Weekly  Monthly  
 Biweekly  Semi-monthly

Employer Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Member acct. no. \_\_\_\_\_  
 SSN/TIN \_\_\_\_\_  
 Routing & transit # 221976861

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

<b>ACCOUNT</b>	<b>AMOUNT</b>	<b>NET CHECK</b>
Share Draft/Checking	\$ _____	<input type="radio"/>
Share/Savings	\$ _____	<input type="radio"/>
Money Market	\$ _____	<input type="radio"/>
Loan# _____	\$ _____	<input type="radio"/>
Loan# _____	\$ _____	<input type="radio"/>
IRA	\$ _____	<input type="radio"/>
Other _____	\$ _____	<input type="radio"/>
<b>Total</b>	\$ _____	

I hereby authorize my Employer to deduct from my salary the amounts set forth here and to deposit these funds at the 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 upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

\_\_\_\_\_  
 signature date



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