



# Switch Kit Forms

Welcome to Everwise! We're glad you've joined us. We look forward to serving your financial needs. We've provided these forms so that you can easily switch your checking to Everwise. Keep in mind, some organizations may require use of their own forms.

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## Switch Your Direct Deposit

Use this Direct Deposit Request form to provide your employer (or other sources of direct deposits) with your new Everwise account and routing information.

**In addition to your employer, other common direct deposits to consider are:**

- a. Government/Social Security
- b. Employer pension
- c. Automated dividend or other transfers from your investment/brokerage account(s) or other financial institutions

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## Switch Your Automatic Payments

The Automatic Payment Authorization form instructs anyone receiving automatic payments from your old account to begin debiting payments from your new Everwise account.

**Important:** It's a good idea to follow up with your payees to make sure they have received this form and have your new account information set up before closing your account at your old financial institution.

**Common automatic payments to consider are:**

- a. Mortgage/rent
- b. Vehicle loan
- c. Insurance premiums
- d. Utilities (heat, water, garbage, electric, phone, etc., ...)
- e. Other services, such as your internet provider, health club, daycare or online/streaming services

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## Close Your Old Account

Provide the Authorization to Close Account form to each financial institution where you have old accounts you want to close.

**We recommend sending this form only AFTER ensuring that:**

- a. Your direct deposits begin appearing in your new Everwise account
- b. All outstanding checks have cleared on your old account
- c. You confirm that all payees receiving automatic payments from your account have been notified to begin debiting your new Everwise account
- d. Any monthly account fees assessed by your old financial institution are paid



# Direct Deposit Request

Use this form to provide your employer (or other source of direct deposits) with your new Everwise account and routing information.

Name
Address
City, State, Zip Code

I authorize (company/organization) \_\_\_\_\_ to automatically deposit my paycheck or other direct payment into my account listed below (this includes my authorization to correct entries made in error).

Depository Name	<b>Everwise Credit Union</b>
Routing Number	<b>271291826</b>
Deposit funds into the following account (select one):	
<input type="checkbox"/> <b>Checking</b>	Account/ACH Number _____
<input type="checkbox"/> <b>Primary Share Savings</b>	Member Number _____
To find your Account/ACH and Member numbers log into Online Banking, select Checking and click on <i>Details</i> .	

Signature

Date (mm/dd/yyyy)



# Automatic Payment Authorization

You can easily make online payments with your Everwise debit card or make payments with Bill Pay in Online Banking. This form is another option you can use to notify your payees to deduct payments from your new Everwise account.

Make sure you attach a voided check from your new account and mail a copy of this form to each company or organization currently receiving automatic payments from your old checking account.

Please note that some payees may require you to complete their own version of this form.

Payee Name	
Payee Full Address	
Account Number with the Payee	
Your Name	
Your Full Address	
I have moved my account to Everwise Credit Union. Please change your records so that my electronic payments to you are deducted from my new account.	
Everwise Routing Number <b>271291826</b>	Your Everwise Checking Account/ACH Number

Signature

Date (mm/dd/yyyy)

**Attach voided check here.**



# Authorization to Close Account

I am requesting that \_\_\_\_\_ close the following account(s). All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Account Number:	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate
Account Number:	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate
Account Number:	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate
Account Number:	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate
Account Number:	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate
Account Number:	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate

Please mail the balance in the accounts, including any accrued interest, to my address of record:

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature (Joint Owner)

\_\_\_\_\_  
Date (mm/dd/yyyy)