

Switch Kit



Transfer to Brokaw Credit Union by using our simple Switch Kit

Use this checklist to help you remember all of your direct deposits and automatic payments that need to be transferred to your new Brokaw Credit Union account.



Direct Deposits, Payroll & Government Checks Payroll

- Retirement Plans
- Investments
- Social Security
- Other _____

Automatic Payments

- Home Mortgage
- Auto Loans
- Home Equity Loans
- Student Loans
- Health Insurance
- Life Insurance
- Car Insurance
- Credit Cards
- Water Company
- Gas & Electric
- Cable TV/Satellite
- Online Services
- Telephone
- Cell Phone
- Club Memberships
- Investments & Annuities
- Charitable Contributions
- Subscriptions
- Other _____

Brokaw Office

300 Everest Ave
Brokaw, WI 54417
715-675-2319

Weston Office

2006 Schofield Ave
Weston, WI 54476
715-359-7012

www.brokawcu.com

Switch Kit



New Member Account Information Form

Complete this form to start your membership account at Brokaw Credit Union.

If you have any questions completing this form or any of the switch kit forms, please contact a Brokaw Credit Union Membership Service Representative at 715-675-2319.



I am interested in the following products and services.

- Primary Share Savings Checking
 Christmas Club Money Market Share

INDIVIDUAL ACCOUNT

Name of Primary Account Holder

E-mail Address

Physical Address

City

Mailing Address (if different)

City

Home Phone Number

Primary Account Information

Social Security Number

Date of Birth

City, State of Birth

Driver's License #

Issue Date - Expiration Date - State of Issue

Employer

Employer's phone

Employer's Address

Mother's Maiden Name

States of residence in past 5 years

Signature

Date

JOINT ACCOUNT

Name of Joint Account Holder

Relationship to Member

E-mail Address

State

Zip

State

Zip

Work Phone Number

Joint Account Holder Information

Social Security Number

Date of Birth

City, State of Birth

Driver's License #

Issue Date - Expiration Date - State of Issue

Employer

Employer's phone

Employer's Address

Mother's Maiden Name

States of residence in past 5 years

Signature

Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and/or other identifying documents.

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Account Closure Form

Complete and sign this form, and return it to your existing financial institution to close your accounts there, and to receive disbursement of any remaining funds.

Instructions to Financial Institution:

Please send a check to the address provided by Signer 1 with any remaining funds in the accounts listed below. If there are additional questions, please contact me at the number provided.



To: _____

From: _____

Signer 1

Last Name First Name

Address City State Zip

Social Security Number Home Phone Work Phone

Signer 2

Last Name First Name

Address City State Zip

Social Security Number Home Phone Work Phone

I hereby authorize the closing of my account(s). All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

ACCOUNTS TO CLOSE

Account Number Account Type (e.g. Checking, Savings, CD, Money Market)

Account Number Account Type (e.g. Checking, Savings, CD, Money Market)

Account Number Account Type (e.g. Checking, Savings, CD, Money Market)

Signature (Signer 1) Date

Signature (Signer 2) Date

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Automatic Payment Change Authorization Form

Complete and sign this form for each automatic deduction you currently have taken from your old account. Be sure to keep your old account open until you see the automatic payment deducted from your new account.

Please attach a voided check from your new Brokaw Credit Union account to this form.



Company to receive this form

Company address to receive this form

My/Our account number at this company/Organization

Brokaw Credit Union

My New Financial Institution

275977159

My New ABA Routing Number

My New Credit Union Account Number

Old Account Information

Previous Financial Institution Name

Previous Account Number

My/Our Signature(s)

Daytime Phone Number

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Direct Deposit Authorization Form

Take this form to the company making the deposit. If it is your payroll, take it to your Human Resources Department. For Social Security or other government direct deposits please contact Brokaw Credit Union for an appropriate form. Please do not close your account at your former financial institution until you have verified a direct deposit transfer has been made into your new Brokaw Credit Union Account.



Please attach a voided check from your new Brokaw Credit Union account to this form.

Employer/Organization Name

Employer/Organization Address

City

State

Zip

Name of Previous Bank

Account Number

New Account Information

Brokaw Credit Union

Financial Institution

Account Number

Account type (e.g. Checking, Savings)

275977159

Routing Number

Amount to deposit

Signature

Date

I hereby authorize (company/organization name) _____ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated above and the depository institution named above to credit and or/debit the same to such account.