

We'll make it easy to switch your accounts to Unitus Community Credit Union. Simply use this handy To Do check list to help you make the switch!

1. Have your new Unitus Community Credit Union account number(s) ready when completing the authorization forms in the switch kit:

Account Number: _____

Unitus Routing Number: **323075699**

2. Switch direct deposits/automatic deposits using our **ACH Format Letter** that any employee can provide for you:

- | | |
|---|--|
| <input type="checkbox"/> Employer Deposit | <input type="checkbox"/> Brokerage Deposits |
| <input type="checkbox"/> Government Deposit | <input type="checkbox"/> Child support or court-ordered deposits |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Other |

3. Switch automatic payments/withdrawals using the **Authorization To Change Automatic Payments** slips or enroll in Unitus' Free Online Bill Pay service:

- | | |
|--|---|
| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Auto |
| <input type="checkbox"/> Association Fees | <input type="checkbox"/> Club/Membership Dues |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Cable TV/Satellite |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Utilities: Electric, Gas, Water | <input type="checkbox"/> Phone/Cell Phone |
| <input type="checkbox"/> Online billing | <input type="checkbox"/> Other |

4. Close all other savings, checking and other accounts using **Authorization To Close Account** slips.

Financial Institutions: _____

5. Transfer high-rate credit card balances to your Unitus Community Credit Union Visa® using the **Visa Balance Transfer Request** form:

Credit Cards To Transfer: _____

6. Additional options to explore:

- Refinance your auto loan at Unitus Community Credit Union.
- Refinance your mortgage loan at Unitus Community Credit Union.
- Tap your home's equity with one of Unitus Community Credit Union's home equity services.
- Move your IRA to Unitus Community Credit Union or Members Financial Services.*
- Refer your friends and family to Unitus!

For additional details, or help switching your accounts to Unitus Community Credit Union, just ask us! We'll be glad to help. Please visit any branch or call 503 227 5571 or 1 (800) 452 0900.

Automatic Payment Change



P.O. Box 1937 • Portland, OR 97207-1937
503 227 5571 • 1 (800) 452 0900

Name _____

Joint Name _____

Address _____

City/State/Zip _____

Phone () _____

Unitus Acct #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MUST USE 14 DIGIT ACH FORMAT

Routing & Transit # 323075699

Company Name _____

Address _____

City/State/Zip _____

Account/Policy # _____

The individual(s) named at left has opened an account with Unitus Community 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 _____ Date _____

Joint Signature _____ Date _____

8346

Automatic Payment Change



P.O. Box 1937 • Portland, OR 97207-1937
503 227 5571 • 1 (800) 452 0900

Name _____

Joint Name _____

Address _____

City/State/Zip _____

Phone () _____

Unitus Acct #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MUST USE 14 DIGIT ACH FORMAT

Routing & Transit # 323075699

Company Name _____

Address _____

City/State/Zip _____

Account/Policy # _____

The individual(s) named at left has opened an account with Unitus Community 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 _____ Date _____

Joint Signature _____ Date _____

8346

Automatic Payment Change



P.O. Box 1937 • Portland, OR 97207-1937
503 227 5571 • 1 (800) 452 0900

Name _____

Joint Name _____

Address _____

City/State/Zip _____

Phone () _____

Unitus Acct #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MUST USE 14 DIGIT ACH FORMAT

Routing & Transit # 323075699

Company Name _____

Address _____

City/State/Zip _____

Account/Policy # _____

The individual(s) named at left has opened an account with Unitus Community 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 _____ Date _____

Joint Signature _____ Date _____

8346

Authorization to Close Account



P.O. Box 1937 • Portland, OR 97207-1937
503 227 5571 • 1 (800) 452 0900

Name _____

Joint Name _____

Address _____

City/State/Zip _____

Phone () _____

Unitus Acct # _____

Routing & Transit # 323075699

- Checking
- Savings
- Money Market

Transfer From _____
PREVIOUS FINANCIAL INSTITUTION NAME

Account # _____
PREVIOUS ACCOUNT NUMBER

Effective ____/____/____ 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 Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature _____ Date _____

Joint Signature _____ Date _____

8345

Authorization to Close Account



P.O. Box 1937 • Portland, OR 97207-1937
503 227 5571 • 1 (800) 452 0900

Name _____

Joint Name _____

Address _____

City/State/Zip _____

Phone () _____

Unitus Acct # _____

Routing & Transit # 323075699

- Checking
- Savings
- Money Market

Transfer From _____
PREVIOUS FINANCIAL INSTITUTION NAME

Account # _____
PREVIOUS ACCOUNT NUMBER

Effective ____/____/____ 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 Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature _____ Date _____

Joint Signature _____ Date _____

8345

Authorization to Close Account



P.O. Box 1937 • Portland, OR 97207-1937
503 227 5571 • 1 (800) 452 0900

Name _____

Joint Name _____

Address _____

City/State/Zip _____

Phone () _____

Unitus Acct # _____

Routing & Transit # 323075699

- Checking
- Savings
- Money Market

Transfer From _____
PREVIOUS FINANCIAL INSTITUTION NAME

Account # _____
PREVIOUS ACCOUNT NUMBER

Effective ____/____/____ 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 Unitus Community Credit Union, as indicated at left on this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature _____ Date _____

Joint Signature _____ Date _____

8345