Making the switch to better banking today!

You can make the move to the SMW Financial Credit Union in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to SMW Financial Credit Union, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new SMW Financial Credit Union account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to SMW Financial Credit Union.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to SMW Financial Credit Union.







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Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your paymen directly into your SMW Financial Credit Union account. Use one form for each direct deposit.

| Notification of Dir | ect Deposit Auth | orization Cha | inge |
|---------------------------------|-------------------------------|---------------------|------------------------|
| Company or Employer: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |
| Employee ID: (if applicable) | | | |
| Effective immediately, pl | ease deposit the net am | ount of my check t | o my SMW Financial |
| Credit Union account. I a | authorize (name of depos | sitor) | |
| to automatically deposit | funds into the account b | elow. This authoriz | zation shall remain in |
| place until I have submit | tted a new authorization, | or until this autho | rization is changed or |
| revoked by me in writing | | | |
| Place an X next to your desi | red option. | | |
| Net amount | to SMW Financial Credit U | nion CHECKING | |
| Account # | | Routing # | 296076204 |
| Net amount | to SMW Financial Credit U | nion SAV/INGS | |
| Account # | to sivivi i inanciai credit o | Routing # | 296076204 |
| Account II | | rtouting " | 230070204 |
| Signature: | | 1 | Date: |
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

| Pa۱ | /rol |
|---------|------|
| | |

| nvestment | |
|-----------|--|
| | |
| | |

____ Retirement Plans

____ Social Security







Automatic Withdrawal Authorization

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You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

| Notification of W | /ithdrawal Autho | orization Chan | ge |
|---|---------------------------|-----------------------|-----------|
| Name of Company: | | | |
| Account Number: | | | |
| Payment Amount: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |
| Please change my autor | matic withdrawal from th | ne following account: | |
| Account # | | Bank Routing # | |
| Account # | | Dalik Routilig # | |
| Please make all future a | automatic withdrawals fro | om the following acc | ount: |
| Financial Institution: | SMW Financial Credit | Union | |
| Account # | | Bank Routing # | 296076204 |
| Thank you very much | ı. | | |
| This authorization will remayou have been notified by r | | | |
| Signature: | | ı | Date: |
| Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | | |

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

| Home Mortga |
|-------------|
|-------------|

| | Loai | |
|--|------|--|
| | | |
| | | |

| U | Ш | ues | |
|---|---|-----|--|
| | | | |

____ Insurance

____ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

____ Investments

___ Subscriptions

_ Charity Donations







Account Closure Authorization

Page 4 of 4

You can authorize your remaining balance to be deposited automatically to your new SMW Financial Credit Union account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

| Notification of Acco | ant Closure Authorization |
|---|---|
| To Whom It May Concern: | |
| Financial Institution: | |
| Address: | |
| City, State, Zip: | |
| | |
| Please close my account: | |
| Account Number: | Primary Owner: |
| Address: | |
| City, State, Zip: | |
| Please send the remaining ba | |
| Please send the remaining ba | |
| Please send the remaining bat Place an X next to your desired of Please deposit dir Account # | ption. rectly to my new account at SMW Financial Credit Union. |
| Please send the remaining bat Place an X next to your desired of Please deposit dir Account # | ption. The ectly to my new account at SMW Financial Credit Union. Routing # 296076204 |
| Please send the remaining bat Place an X next to your desired of Please deposit dir Account # Please forward m | rectly to my new account at SMW Financial Credit Union. Routing # 296076204 e a check to my address listed below. |
| Please send the remaining bat Place an X next to your desired of Please deposit dir Account # Please forward m | rectly to my new account at SMW Financial Credit Union. Routing # 296076204 e a check to my address listed below. |
| Please send the remaining bat Place an X next to your desired of Please deposit dir Account # Please forward m Primary Signature: Joint Signature: | ption. Tectly to my new account at SMW Financial Credit Union. Routing # 296076204 e a check to my address listed below. |
| Please send the remaining bate Place an X next to your desired of Please deposit dir Account # Please forward m Primary Signature: Joint Signature: Name: | rectly to my new account at SMW Financial Credit Union. Routing # 296076204 e a check to my address listed below. |

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to SMW Financial Credit Union!





