

Switch

To A City Credit Union Checking Account And Enjoy...

- No minimum balance
- No monthly fee
- No per check fees
- Free Online Banking—
with access to canceled checks!
- Free Online Bill Pay*
- Free VISA® Debit Card
- Free access to over 4,600 ATMs
- Free checks (the first 50)
- Free Direct Deposit
- Free access to Teller24, our automated telephone system
- And more!

A lot of other financial institutions offer free checking – with a lot of strings. They might require a certain minimum balance or charge a fee for writing more than a specified number of checks in a month. Not at City Credit Union! In fact, according to Bankrate.com, you could save up to \$300 a year by having your checking account at a credit union like City Credit Union versus a bank.

* Free if receiving E-Statements. If not, Bill Pay is \$4.95 per month.





Make The Right Move...



Switch Your Checking Accounts To City Credit Union

It's So Easy To Switch!

You come first at City Credit Union. That's why we have taken the hassle out of moving your checking account(s) with these simple forms. Making the move is easier than ever before!

Make The Move To CCU In Five Easy Steps!

Step 1

Come in to City Credit Union and open your new account. Our free checking account features the convenience, security and friendly service you've come to expect from City.

Step 2

Stop using your previous checking account and allow the checks you have written to clear. (This should take approximately three weeks.)

Step 3

Switch your direct deposit to City Credit Union. Simply fill out FORM 1 and send it to the appropriate recipients.

Step 4

Switch your automatic payments to City Credit Union. Simply fill out FORM 2 and send it to the appropriate recipients.

Step 5

Close your old account after all debits and credits have cleared and you have switched your automatic deposits and payments. Fill out FORM 3 and send it to your old financial institution(s).

If you have any questions, you can contact us at any time.

- Stop by any branch
- Call us at (816) 252-2415
- E-mail us at sknudsen@city-cu.com

NOTE: Other financial institutions and companies may require additional forms and/or information.

Authorization For Direct Deposit

Please change the account for my direct deposit.

Date

Company making direct deposit

Company address

City

State

Zip

You are currently making automatic deposits into the following account:

My old bank

My old bank's routing number

My old account number

Please begin making automatic deposits into my new City Credit Union account.

301080428

New routing number

New account number

Please contact me should you have any questions. Thank you.

X

Signature

Name (please print)

Address

City

State

Zip

Telephone

Please include a voided City Credit Union check with your request.

NOTE: Other financial institutions and companies may require additional forms and/or information.

Authorization For Automatic Payment

Please change the account for my automatic payments.

Date

Company receiving automatic payment

Company address

City

State

Zip

You are currently withdrawing funds automatically from the following account:

My old bank

My old bank's routing number

My old account number

For (payment or reason)

On (date of month)

***Please stop making withdrawals from this account on (date: MM/DD/YY) ____/____/____
and start making them from my new City Credit Union account.***

301080428

New routing number

New account number

Please contact me should you have any questions. Thank you.

X

Signature

Name (please print)

Address

City

State

Zip

Telephone

Please include a voided City Credit Union check with your request.

NOTE: Other financial institutions and companies may require additional forms and/or information.

Authorization To Close Account

Please close my account.

Date

Financial Institution Name

Address

City State Zip

Close the following account number(s):

Account # Account #

and send a check for the remaining balance to the address below.

Please contact me should you have any questions. Thank you.

X

Signature

Name (please print)

X

Joint Signature

Joint Name (please print)

Address

City State Zip

Telephone Day Evening

NOTE: Other financial institutions and companies may require additional forms and/or information.

