



## SWITCH KIT

**Switching your old accounts to TruChoice is easier than you think!** Now that you have become a TruChoice member, use this TruChoice Switch Kit and follow these **4 easy steps** to get the process rolling:

- 1. Stop using your old account(s)**  
Balance your account and make sure that enough funds are available to cover any outstanding checks, debit card transactions and upcoming automatic withdrawals.
- 2. Change your direct deposit information with your employer**  
Complete the DIRECT DEPOSIT REQUEST form, sign it, and give it to your employer's payroll department. It typically takes 2 pay periods for the change to take effect.
- 3. Change any automatic payment agreements**  
If you have regular automatic withdrawals from your account (such as your insurance payment, EZ-Pass payments, or gym membership), complete the AUTOMATIC PAYMENT REQUEST form, sign it and send it to the appropriate company(ies). Complete a separate form for each company.
- 4. Close your old account(s)**  
Complete the CLOSE ACCOUNT REQUEST form, sign it, and send it to each financial institution where you wish to close an account. Again, make sure that you have enough funds to cover any outstanding payments.

We have also included a form for CREDIT CARD BALANCE TRANSFERS to your TruChoice FCU VISA<sup>®</sup> account. If you have any questions, do not hesitate to call 1-800-639-5550, send an e-mail to [trufcu@trufcu.com](mailto:trufcu@trufcu.com), or stop in at one of our branches. Thank you for your business!

<p>These numbers will help you complete some of the forms:</p> <hr/> <p>your member number</p> <hr/> <p>your MICR number (if you have a checking account)</p> <hr/> <p>your TruChoice VISA<sup>®</sup> number (if you have a TruChoice VISA<sup>®</sup>)</p>
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**CLOSE ACCOUNT REQUEST**

*(Please complete, sign and send this form to each any financial institution where you wish to close an account.)*

**TO:** Financial Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**FROM:** Your Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/St/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**RE:** Account/Member #: \_\_\_\_\_

***To Whom It May Concern,***

Please accept this letter as my authorization to close account # \_\_\_\_\_ at your institution and send a check for the remaining balance to my address above. If you have any questions, please do not hesitate to contact me. I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account. Thank you,

If you have any questions, please do not hesitate to contact me. Thank you.

\_\_\_\_\_  
*Owner Signature* *Printed Name* *Date*

\_\_\_\_\_  
*Joint Owner Signature* *Printed Name* *Date*  
*(if applicable)*

**DIRECT DEPOSIT REQUEST**

*(Please complete, sign and submit this form to your payroll department at work.)*

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Work Phone (Ext): \_\_\_\_\_

To Whom It May Concern,

As of \_\_\_\_\_ (date) please deposit \_\_\_\_\_ (enter a dollar amount or write "all") of my paycheck into the following account:

TruChoice Federal Credit Union  
PO Box 10659  
Portland, ME 04104  
(207) 772-0808



Routing Number: 2112-8830-7

Account Type:  
*(choose one)*

Savings, please provide your member number below:

\_\_\_\_\_

**OR**

Checking, please provide the 12-digit MICR number from the bottom of your check below:

7	0	0	6	7	0						
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Notes/Comments:

If you have any questions, please do not hesitate to contact me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTOMATIC PAYMENT REQUEST**

*(Please complete, sign and send this form to each company where you have an arrangement for automatic withdrawal.)*

**TO:** Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_

**FROM:** Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**RE:** Account #: \_\_\_\_\_

***To Whom It May Concern,***

You are currently withdrawing \$ \_\_\_\_\_ (*amount*) in payment for \_\_\_\_\_ from my account at \_\_\_\_\_ (*old bank or credit union*).  
As of \_\_\_\_\_ (*date*) please start making this automatic withdrawal from TruChoice account indicated below instead:

TruChoice Federal Credit Union  
PO Box 10659  
Portland, ME 04104  
(207) 772-0808



Routing Number: 2112-8830-7

Account Type:  Savings, please provide your member number below:  
(choose one)

**OR**

Checking, please provide the 12-digit MICR number from the bottom of your check below:

7	0	0	6	7	0						
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Notes/Comments:

If you have any questions, please do not hesitate to contact me. Thank you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CREDIT CARD BALANCE TRANSFER

(Please read, complete, sign and submit this form to TruChoice FCU.)

Here is all you need to do:

1. Locate the account number and payment address for each charge and credit card balance you want to transfer to your TruChoice FCU VISA® card.
2. Complete a transfer request for each account in the order that you would like the transfers to be handled. Please make sure that you write in the **exact dollar amount** you want to transfer. Do not indicate "All" or "In Full".
3. Please sign and date the Balance Transfer Form and return it to us at the address below. We will not be able to process any unsigned or incomplete forms, or transfer balances from ineligible accounts. We are unable to process balance transfer requests over the phone.
4. Confirmation of the date and amount of each completed transfer will appear on your monthly statement. Please allow sufficient time from the date the transfer request is made for the amount to be credited to your other account. Transfer amounts appear on your monthly statements as a cash advance and finance charges accrue from the date of the transaction. If you did not transfer the entire balance, you may still have a minimum payment due on your other accounts. It is your responsibility to make any remaining payments, including finance charges, and notify your other charge/credit card issuers if you desire to close the account.

### TRANSFER FROM Charge/Credit Card Information

Account #

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Exact Amount \$

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Pay to:

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Payment Address:

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City/State/Zip:

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### TRANSFER TO TruChoice FCU

Member Number:

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TruChoice VISA® #

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By signing this form, I authorize you to debit my TruChoice FCU VISA® account in the amount(s) listed below. TruChoice FCU reserves the right to decline transfer amounts as set forth in the terms and conditions of my credit card agreement and this form. In addition, TruChoice FCU is not responsible for any charges billed to me for the account(s) indicated above.

Signature:

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Date:

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TruChoice Federal Credit Union  
PO Box 10659  
Portland, ME 04104  
(207) 772-0808

