



SwitchKIT

Welcome to NH Federal Credit Union

Switching your accounts to NH Federal Credit Union has never been easier! We've created a step-by-step packet to help make your transition to NHFCU quick and easy. Just follow the steps in our **SwitchKIT** to get started.

Follow these simple steps:

1. Open an account at one of our offices or online at <https://nhfcu.org>
 - Call us toll-free at 800.639.4039
2. Sign up for *e-branch* and *e-statements*.
Easily track your direct deposits, payments, transactions, and checks as they clear your NHFCU account, all for free online. Sign up for e-statements and view your account statements electronically at no charge.
3. Stop using your former account and start using your NHFCU accounts as soon as possible. Make sure you leave sufficient funds in your former accounts until all checks, payments and automatic withdrawals have cleared.
4. Change your direct deposit to NHFCU.
Complete the Direct Deposit Change Form to be submitted to your employer.
5. Change your automatic payments or withdrawals to NHFCU.
Complete the Automatic Payment & Withdrawal Change Form to make changes to your existing automatic account debits. This can be used for transactions such as loans, insurance payments, transfers, and more.
6. Close your former account at your prior institution.
Complete the Account Closing Request to let your former institution know that you wish to close your account.
7. Use our tracking sheet to make sure you don't miss anything during your transition.



SwitchKIT

Direct Deposit Change Form

Date: _____

To: _____
Company/Employer

I have changed financial institutions. Please switch my Direct Deposit to NH Federal Credit Union effective: ___ / ___ / ___.

New Account Number: _____

Type of Account:

Checking _____

New Routing Number: 211489083

Savings _____

Switching from: _____
Name of Previous Financial Institution

Old Account Number: _____

Old Routing Number: _____

Account Holder: _____

Address: _____

City _____ State _____ Zip: _____

Social Security Number (if required) _____

Daytime Phone: (____) _____

Signature: _____

Once you have completed this form, either hand-in or mail it to your employer's payroll or human resources department. Contact your employer to make sure no other special forms are required.



SwitchKIT

Automatic Payment & Withdrawal Change Form

To whom it may concern:

I request to change the account from which you debit my automatic payments. Please see the details below.

This request is in reference to the account I hold with your company:

Company Name: _____

Account Number with Company: _____

Name on Account: _____

My Address: _____

City/State/Zip: _____

My Daytime Phone Number: (__) _____

Please discontinue taking payments from my old account:

Old Financial Institution: _____

ABA/Routing Number: _____

Account Number: _____

I hereby authorize any future automatic payments to be electronically debited from my NH Federal Credit Union account.

NH Federal Credit Union's ABA/Routing Number: 211489083

My New Account Number: _____

Please send me written confirmation of this change.

Signature

Date

Contact each company to ask if there is any additional information needed to complete this request.

SwitchKIT

Account Closing Request

Date: ____ / ____ / ____

To: _____
Financial Institution Name

Address: _____

City, State, Zip: _____

From: _____
Name(s) on Account

Last 4 Digits of Social Security #: _____

Please **CLOSE** the following accounts with your institution:

ACCOUNT #1	Account Type	
	Account #	
	Send Payment (check one)	<input type="checkbox"/> At Once <i>or</i> <input type="checkbox"/> Defer Payment Until Close of Interest Payment
ACCOUNT #2	Account Type	
	Account #	
	Send Payment (check one)	<input type="checkbox"/> At Once <i>or</i> <input type="checkbox"/> Defer Payment Until Close of Interest Payment
ACCOUNT #3	Account Type	
	Account #	
	Send Payment (check one)	<input type="checkbox"/> At Once <i>or</i> <input type="checkbox"/> Defer Payment Until Close of Interest Payment

Forward funds to me at the following address:

Address: _____

City, State, Zip: _____

Signature: _____

Joint Account
Holder Signature: _____

Printed Name: _____