



SENTRY CREDIT UNION

Switch Kit

715-346-6534/877-368-7928

www.sentrycu.org

1800 North Point Drive
Stevens Point, WI 54481

Switch Kit

Five Easy Steps



Step 1: Open a Sentry Credit Union checking account

To get started, all you need to do is visit us to open a checking account. For non-members, please bring in your state-issued picture ID and \$5.00 or more to open the savings account.

Step 2: Start using your Sentry Credit Union account

Start making deposits, initiating payments and using your debit card on your Sentry Credit Union account. You should keep your old account open until Step 5, but you should stop writing checks on your old account. Remember to leave adequate funds in your old account to cover any outstanding checks or automatic payments.

Step 3: Change all direct deposits

Complete the provided Authorization to Switch Direct Deposit Form (make copies if necessary) and forward it to each payor to let them know you have changed financial institutions. Some payors may require that you include a deposit slip or a voided check from your new Sentry Credit Union checking account. Also note that some payors may take anywhere from 15 to 60 days to change your direct deposit.

Step 4: Change all of your automatic payments and transfer online payees

Send the Change Automatic Withdrawal Form (make copies if necessary) to companies with which you have established an automatic payment for your bills and obligations. Include those payments that may use your old debit card number, as well as any payments you make less often than monthly.

Ask us for information to sign up for Sentry Credit Union's Free Online Banking with Bill Pay. Once signed up, set up your payees in our online bill pay system.

Step 5: Close your old account

Once your old account checks have cleared and you have changed your automatic payments and direct deposits to your new Sentry Credit Union checking account, you will then contact your former financial institution for instructions on closing your old account. If acceptable, you can use our Authorization to Close Account Form to notify your former institution. Remember to follow up with your old institution to make sure your account is closed. Don't forget to destroy all old account checks, deposit slips and ATM/debit cards.

What to Expect After Opening Your Checking Account



- If you are applying for a debit card, you should expect to receive it within 10-12 business days after approval.
- Check orders will arrive at your home within 10-12 business days after the account is opened.
- Sign up for Online Banking with Bill Pay. Contact SCU at 715-346-6534 for more information.
- Finally, you should expect friendly and efficient service, as you will not only be a member of Sentry Credit Union, but a member of our family as well. Sound too good to be true?

See for yourself. You deserve more out of your credit union, so we make banking easy! A member service representative will be happy to help you complete the move to Sentry Credit Union.

Authorization to Switch Direct Deposit



Company Name

Address

City

State

Zip

If you need your Social Security direct deposit switched, please call
800-772-1213.

Effective immediately, I authorize the above company to begin using my account
listed below for my direct deposit:

SENTRY CREDIT UNION

Phone: 715-346-6534

ACH Routing/Transit Number: 275981967

Account Number _____

Account Type **Checking** **Savings**

Thank you.

Signature

Date

Name (please print)

Telephone Number

Address

City

State

Zip

Other information your employer may need (SSN, Employee ID Number, etc.)

Change Automatic Withdrawal



Company Name

Address

City

State

Zip

You are currently withdrawing \$ _____ (amount) for my

(what payment is for),

(account or other identifier)

(when) from the following account:

Previous Financial Institution

ACH Routing Number

Account Number

Please stop making withdrawals from that account and instead make them from:

SENTRY CREDIT UNION

Phone: 715-346-6534

ACH Routing/Transit Number: 275981967

Account Number _____

Account Type **Checking** **Savings**

Thank you.

Signature

Date

Name (please print)

Telephone Number

Address

City

State

Zip

Authorization to Close Account



Previous Financial Institution

Address

City

State

Zip

This form gives you the authorization to close the following accounts:

Checking Account Number _____

Savings Account Number _____

On the closing date, please send the remaining balance with a copy of this form to the address provided. Your prompt attention to this request is appreciated.

Thank you.

Signature

Date

Name (please print)

Telephone Number

Address

City

State

Zip

Joint Signature

Date