Beacon Credit Union Switch Kit

Take the hassle out of switching your checking account with our complete and easy to understand switch kit
Direct Deposit Transfer Request Form
Once you have completed this form, please deliver it to your employer/depositor for processing.

____________________________________________________________________
Employer/Depositor Name

____________________________________________________________________
Address

____________________________________________________________________
City, State, Zip

____________________________________________________________________
Telephone Number

To Whom It May Concern:
You are currently electronically depositing funds to the following account:

____________________________________________________________________
Financial Institution

____________________________________________________________________
Routing Transit Number

____________________________________________________________________
Account Number

Please stop depositing to the above account and begin depositing to the account listed below.
New Account Information:

Beacon Credit Union ________________________________
Financial Institution __________________________________

274976151 __________________________________________
Routing Transit Number ________________________________

______________________________ : Account Type ______ Savings ______ Share Draft Checking
Account Number:

Thank you.
Sincerely,

____________________________________________________________________
Name (Please Print)

____________________________________________________________________
Signature

____________________________________________________________________
Address

____________________________________________________________________
City, St, Zip

____________________________________________________________________
Phone

*Remember to include a voided check with your request
**Automatic Payment Request Form**

This form should be filled out and sent to the payee or merchant, with whom you currently have automatic payments set up. This would include: utility companies, credit card companies, mortgage holders, etc.

________________________________________________________________________

Employer/Depositor Name

________________________________________________________________________

Address

________________________________________________________________________

City, State, Zip

To Whom It May Concern:

You are currently withdrawing $_______ for the payment of my _________________________ on the _____ of each month from the account listed below:

(type of payment)                                                   (day)

________________________________________________________________________

Financial Institution

________________________________________________________________________

Routing Transit Number

________________________________________________________________________

Account Number

Please stop withdrawing from the above account upon receiving this letter and begin to withdraw from the account listed below.

New Account Information:

Beacon Credit Union

Financial Institution

274976151

Routing Transit Number

Account Number: ____________________ : Account Type _______ Savings _______ Share Draft Checking

If you have any questions about this request, please feel free to contact me at:

________________________________________________________________________

Telephone number

________________________________________________________________________

Thank you.

Sincerely,

________________________________________________________________________

Name (Please Print)

________________________________________________________________________

Signature

________________________________________________________________________

Address

________________________________________________________________________

City, St, Zip

________________________________________________________________________

Phone

*Remember to include a voided check with your request*
Close Account Form

Be sure to leave sufficient funds in your current account long enough for outstanding checks and automatic withdrawals to clear. Once all transactions have been posted and you are ready to close the account, print and complete this form, and mail it to your current financial institution.

Employer/Depositor Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _________________________ and forward the funds remaining in my account to: Beacon Credit Union, P.O. Box 627, Wabash, IN 46992. Beacon Credit Union’s routing number is 274976151. My Beacon account number is __________________________: ______ Savings ______ Share Draft Checking

Thank you for your assistance.

Sincerely,

Name (Please Print)

Signature

Address

City, St, Zip

Joint Owner - if applicable (please print)

Joint Owner Signature - if applicable

Date