

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 Number: : Account Type _____ Savings _____ Share Draft Checking

Thank you.

Sincerely,

Name (Please Print)

Signature

Address

City, St, Zip

Phone

*Remember to include a voided check with your request



Switch Kit

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
Account Number
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
Beacon Account Number

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