



SWITCH TO SISKIYOU CREDIT UNION TODAY!

Are you fed up with your current financial institution? Switching to Siskiyou Credit Union is easy! Our switch kit includes everything you need to help you make a smooth transition to Siskiyou Credit Union. Simply follow the steps below.

Step 1

To apply for membership, visit Siskiyou Credit Union at our location in Yreka, CA. There is a one-time membership fee of \$5 and a minimum balance of \$25 for your base share account.

Step 2

Switch your direct deposit and automatic deposits using our Direct Deposit Change Request form. If you're moving your direct deposit to Siskiyou Credit Union from another source, please remember to notify them of the switch.

Step 3

Change automatic payments and withdrawals by using our Automatic Payment Transfer Request form. If you have more than one automatic transaction, fill out one form for each.

Step 4

Close out your old account once any outstanding checks and automatic withdrawals have cleared (this process may take several weeks). Once you're sure this has happened, you can use the Account Closing Request form to notify your previous financial institution to terminate your accounts and receive any balances.

Use our convenient check list to help you make the switch to today!



NEW ACCOUNT CONVERSION CHECKLIST

Print out the following checklist and mark off items as you complete them.

- Make sure all checks have cleared on your old checking account.
- Make certain enough funds are available in your old account to cover any automatic payments that may yet need to be withdrawn.
- Double check maturity dates if transferring a Certificate of Deposit in order to avoid possible penalties.
- Send written notice to your direct deposit vendors, such as: payroll, social security, CD interest payments, etc., of the change in your relationship. (See attached Direct Deposit Change Request Form.)
- Send written notice to your vendors who automatically take your payments from your checking account, such as: utility companies, insurance companies, internet service providers, banks, etc., that you are closing the account. (See attached Automatic Payment Transfer Letter.)
- Send written notice to your old financial institution that you are closing the account. (See attached Account Closing Request.)



Account Closing Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please close my account at:

Financial Institution: _____ Phone: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____ Type: _____

Please check one:

Mail the remaining balance of my account(s) to my address listed above.

Send the balance of my account(s) to be deposited at Siskiyou Credit Union (address below).

My SCU Member number is: _____

Mail to: Siskiyou Credit Union, PO Box 1125 Yreka, CA 96097-1125

Primary Account Holder Name (Print): _____

Signature: _____ Date: _____

Secondary Account Holder Name (Print): _____

Signature: _____ Date: _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. Siskiyou Credit Union is not responsible for charges accrued for insufficient funds.

Work with your SCU Member Service Representative to determine when to send this form to your previous financial institution. This Credit Union is federally insured by the National Credit Union Administration.



Automatic Payment Transfer Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company Receiving Payment:

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____ Type: _____

Please change my Automatic Payment to Siskiyou Credit Union

Mailing Address: PO Box 1125 Yreka, CA 96097-1125

My SCU Member number is: _____

Account Type: _____ Amount of Payment: _____

Siskiyou Credit Union Routing Number: 321178543

Please discontinue my Automatic Payment at:

Financial Institution: _____ Phone: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

Amount of Automatic Payment: _____

I understand I need to give you at least two weeks' notice prior to the next scheduled transaction.

Therefore, I expect the last payment from my previous financial institution to be dated: _____.

All transactions after this date should be paid from my Siskiyou Credit Union account listed above.

Name (Print): _____

Signature: _____ Date: _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. Siskiyou Credit Union is not responsible for charges accrued for insufficient funds.

Work with your SCU Member Service Representative to determine when to send this form to your previous financial institution. This Credit Union is federally insured by the National Credit Union Administration.



Direct Deposit Change Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____

Please change my Direct Deposit to Siskiyou Credit Union

Mailing Address: PO Box 1125 Yreka, CA 96097-1125

My SCU Member number is: _____

Account Type: _____

Siskiyou Credit Union Routing Number: 321178543

Please discontinue my Direct Deposit at:

Financial Institution: _____ Phone: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Routing Number: _____

Name (Print): _____

Signature: _____ Date: _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. Siskiyou Credit Union is not responsible for charges accrued for insufficient funds.

Work with your SCU Member Service Representative to determine when to send this form to your previous financial institution. This Credit Union is federally insured by the National Credit Union Administration.