



SWITCH TO SISKIYOU CENTRAL CREDIT UNION TODAY!

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

Step 1

To apply for membership visit Siskiyou Central Credit Union at 845 Fourth St., Yreka CA 96097. 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 by using our Direct Deposit Change Request form. If you're moving your direct deposit to Siskiyou Central 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, simply 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 Accounts 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 Siskiyou Central Credit Union 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___ Make certain enough funds are available in your old account to cover any automatic payments that may yet need to be withdrawn.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.)



I'm switching to Siskiyou Central Credit Union!

Account Closing Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

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: _____

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

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 Central Credit Union.
(address below)

My SCCU Member number is: _____

Mail to: Siskiyou Central 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 Central Credit Union is not responsible for charges accrued for insufficient funds.

Work with your SCCU 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.



I'm switching to Siskiyou Central Credit Union!

Automatic Payment Transfer Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Company Receiving Payment:

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Please change my Automatic Payment to: Siskiyou Central Credit Union

PO Box 1125

Yreka, CA 96097-1125

My SCCU Member number is: _____

Account Type: _____ **Amount of Payment:** _____

Siskiyou Central 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 Central 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 Central Credit Union is not responsible for charges accrued for insufficient funds.

Please return this form to SCCU and work with your SCCU Member Service Representative to determine when to send.

This Credit Union is federally insured by the National Credit Union Administration.



I'm switching to Siskiyou Central Credit Union!

Direct Deposit Change Request

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____
Employer: _____

**Please change my Direct Deposit to: Siskiyou Central Credit Union
PO Box 1125
Yreka, CA 96097-1125**

My SCCU Member number is: _____
Account Type: _____
Siskiyou Central 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: _____

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last deposit into my previous financial institution to be dated: _____. All transactions after this date should be deposited into my Siskiyou Central 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 Central Credit Union is not responsible for charges accrued for insufficient funds.
Please return this form to SCCU and work with your SCCU Member Service Representative to determine when to send.
This Credit Union is federally insured by the National Credit Union Administration