

Change is good.

Make the switch.





This kit contains everything you need to make the switch today!
Five easy steps to convenient Independent services.
The forms you will need are located in this Switch Kit.

1. OPEN

Open your NEW Independent Federal Credit Union account.

2. STOP

Stop using your old checking/savings accounts. You will need to let all your outstanding checks clear before closing. This could take up to 10 business days.

3. SWITCH

Switch your Direct Deposit. Send the Direct Deposit form to your employer, the Social Security Administration or your retirement plan administrator.

4. CHANGE

Change any Automatic Payments. Sign-up for our free On-line Banking and Bill Pay to set-up your new automatic payments.

5. CLOSE

Close your old accounts. When you have finished steps 1 -4 and you are sure all outstanding checks have cleared, then you are ready to close your other accounts and make the switch!

For your convenience, this kit includes the forms you will need to close your accounts, and to re-direct your Direct Deposit.



Account Closure Request Form

I am moving my Checking/Savings Account to Independent Federal Credit Union and would like to close my old account[s].

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Social Security Number: _____

Financial Institution: _____

Account Number: _____

I understand I need to make sure all checks and automatic debits have cleared before completely closing my account[s].

Please let me know if there is anything else needed from me before closing my account[s].

Please mail any remaining balance[s] in my account[s] made payable to me by check to:

Independent Federal Credit Union
3737 S. Scatterfield Road
Anderson, IN. 46013
1+ [765] 649-9271

Signature: _____ Date: _____

Joint Signature: _____ Date: _____



The company receiving this form may require additional information/forms. You may copy or print as many of these forms as you need.

Redirect - Direct Deposit Form

I am moving my Checking/Savings Account to Independent Federal Credit Union and would like to change my Direct Deposit.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Social Security Number: _____

Please Deposit

Total Amount _____ Specific Amount _____ [Check one]

Amount \$: _____

Into these accounts:

Checking	Acct #	_____	\$	_____
Savings	Acct #	_____	\$	_____
Loan	Acct #	_____	\$	_____
Other	Acct #	_____	\$	_____

I hereby Authorize _____ [Employer] to deposit each payday the amount[s] listed above to:

Independent Federal Credit Union
3737 S. Scatterfield Road
Anderson, IN. 46013
1+ [765] 649-9271
Routing #: 274972579

Signature: _____ Date: _____

The company receiving this form may require additional information/forms. You may copy or print as many of these forms as you need.