

SWITCH KIT

We know that switching your checking account from one financial institution to another can be a hassle with your direct deposits, automatic payments and such. Missouri Central Credit Union has come up with this Switch Kit to make it easy for you to move them to MCCU.

Step 1- You will need to open your account with Missouri Central

You will have to visit our office to open your account because we still believe the best way to establish a solid, long lasting relationship is to meet face to face and with a firm handshake! Once your account is open, we will provide you with your new account number and our routing number, both of which you will need for your direct deposits and automatic payments. We can also help you set up your online banking, mobile banking, and bill payment at this time if you like.

Step 2 - You will need to stop using your old account

Make sure you leave enough in the account to cover any outstanding checks or automatic payments. We have attached a checklist so you won't forget anyone! We don't want your old financial institution to charge you any "Goodbye" fees!

Step 3 - Notify your employer and those you listed on the checklist of your new account information

We have attached a Direct Deposit Change Request for your employer, but they may have their own form for you to complete. You will also need to change any automatic payments you have listed on the checklist. You guessed it; we have attached a form for that too!

Step 4 -Close your old account

To be safe, we recommend you wait a few days after all the outstanding transactions post. However, try to close it before the end of the month because if your old financial institution charges a minimum monthly balance fee, that's when they normally would charge it.

That's all there is to it!

If you run into any issues, you can always call, come by, or message us through CuOnLine and we will be glad to assist you.



SWITCH KIT CHECKLIST

Your new Missouri Central Credit Union Account Number	
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Missouri Central Credit Union's Routing Number: **301081155**. Our address is: 825 NE Deerbrook Street, Lee's Summit MO 64086

Direct Deposits				
Received From:	Contact Info	o: Notes:	Notes:	
Employer				
Employer				
Retirement or				
Pension				
Social Security	800-722-121	13 or		
	https://www	w.ssa.gov/myaccount/		
	direct-depos	sit.html		

	Automatic Payments (ACH or Debit Card)			
	Company Name:	Contact Info:	Account Number:	Notes:
Auto Insurance				
Auto Payment				
Auto Payment				
Cable or Sat				
Cell Provider				
Credit Card				
Credit Card				
Gym Membership				
Life Insurance				
Mortgage or Rent				
Trash				
Utilities:				
Electric				
Gas				
Water				



Date _			
То:			
	(Company Name)		
	(Company Address)		
	(Company City, State and Zip)		
	DIRECT D	EPOSIT CHANGE REQUEST	
	orm serves as my notification to you thatestop my Direct Deposit to my account	at I have moved my account to Missouri Centra at	al Credit Union.
		(The old Financial Institution)	
		lissouri Central Credit Union immediately. My This is a □ Checking Account □ Savings A	
Routi	ng (ABA) Number is 301081155. The add	dress is 825 NE Deerbrook Street, Lee's Summi	t, MO 64086.
•	have any questions or problems with the souri Central Credit Union Member Serv	his request, please contact me at # vice Representative at 816-246-0002.	or contac
	form is not sufficient to change my Dire	ect Deposit, please send your company's auth	orized form to
Thank	cyou.		
(Memb	per Name) (Neatly written or typed)	(Member Signature)	
(Memb	per Address)	(Member City, State, and Zip)	



Date			
To:			
	(Company Name)		
	(Company Address)		
	(Company City, State and Zip)		
	AUTOMATIC PA	AYMENT / DEBIT CHANGE REQUEST	
		I have moved my account to Missouri Central Cred	
·	,	(The old Financial Institution	n)
	Thi	dit Union account immediately. My Account Numk is is a □Checking Account □ Savings Account. The Deerbrook Street, Lee's Summit, MO 64086.	
If you		is request, please contact me at #	or contact a
	form is not sufficient to change my Auto to my address below.	omatic Payment / Debit, please send your company	r's authorized
Thanl	k you.		
(Memb	oer Name) (Neatly written or typed)	(Member Signature)	
(Memb	her Address)	(Member City State and 7in)	