

Thank you for choosing Interra Credit Union! To make the move to the credit union a quick and easy process for you, simply fill in the blanks and bring the forms to any Interra office, where you can meet with a member service representative. If you have questions or would like additional information, please call us at 574.534.2506 or 888.432.2848.

Member Account Number: _____
(You'll get this when you open your Interra account.)

Checking Savings Other

Interra Credit Union's ABA/Routing Number: **271291017**

2. Gather information to switch direct/automatic deposits using the **Change Direct/Automatic Deposits**. (see step 2)

- | | |
|---|--|
| <input type="checkbox"/> Employer deposit | <input type="checkbox"/> Brokerage deposits |
| <input type="checkbox"/> Government deposit | <input type="checkbox"/> Child support or court-ordered deposits |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Other |

3. Gather information to switch automatic payments/withdrawals using the **Change Automatic Payments/Withdrawals**. (see step 3)

- | | |
|--|---|
| <input type="checkbox"/> Mortgage/Rent | <input type="checkbox"/> Auto |
| <input type="checkbox"/> Association Fees | <input type="checkbox"/> Club/Membership Dues |
| <input type="checkbox"/> Internet Service | <input type="checkbox"/> Cable TV/Satellite |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Utilities: Electric, Gas, Water | <input type="checkbox"/> Phone/Cell Phone |
| <input type="checkbox"/> Online billing | <input type="checkbox"/> Other |

4. Close any checking, savings and bill pay accounts using the **Authorization to Close Account**. (see step 4)

5. Transfer high-rate credit card balances to your Interra Credit Union VISA® using the **Authorization to Transfer Credit Card Balances**. (see step 5)

Credit card transfer:

6. Additional money-saving options to explore:

- Refinance your auto loan at Interra Credit Union.
- Refinance your mortgage loan at Interra Credit Union.
- Tap your home's equity with an Interra Credit Union home equity loan or line of credit.

For additional information or help switching your accounts to Interra Credit Union – just ask us! We are glad to help. Please call or visit any office.



Change Direct/Automatic Deposits

Instructions: Complete this authorization to change direct/automatic deposits to Interra Credit Union and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date: _____

Employer/Depositor's Name: _____

Address: _____

City/State/Zip Code: _____

To Whom It May Concern:

You are currently making direct/automatic deposits on my behalf to this account:

Old Bank/Financial institution: _____

Routing Number: _____ Account Number: _____

Please discontinue direct/automatic deposits here and start direct/automatic deposits to my account at:

Interra Credit Union
PO Box 727 • Goshen, IN 46527
Routing Number: 271291017
Account Number: _____

Savings Checking (check one)

Effective: Immediately
 Beginning ____ / ____ / ____

If you have any questions about this request, please contact me.

Phone number: _____ Day Evening (check one)

Sincerely,

Signature: _____

Print Name: _____ Date: _____

Address: _____ City/State/Zip: _____

[Signature of Notary]

[Notary Seal]

[Typed Name of Notary]

NOTARY PUBLIC
My commission expires: _____, 20____ .



Change Automatic Payments/Withdrawals

Instructions: Complete this authorization to have automatic withdrawals discontinued from your current financial institution and established for your Interra Credit Union account. Print one *Authorization to Close Account* form for each company that makes automatic withdrawals from your account(s). Remember to change any automatic payments made by debit card, too.

Date: _____

Name of Company making Automatic Withdrawals: _____

Address: _____ City/State/Zip Code: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) _____ (frequency) for my _____ (what payment is for) from the following institution or credit card:

Old Bank/Financial institution: _____

Routing Number: _____ Account Number: _____

OR

Card Number: _____

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:

Interra Credit Union
PO Box 727 • Goshen, IN 46527
Routing Number: 271291017
Account Number: _____

Savings

Checking (check one)

Begin withdrawals from my Interra Credit Union VISA® card:

Card Number: _____ Expiration: _____ CVV: _____

I will use Interra Credit Union's Bill Pay service to make future payments.

If you have any questions about this request, please contact me at:

Phone number: _____ Day Evening (check one)

Sincerely,

Signature: _____

Print Name: _____ Date: _____

[Signature of Notary]

[Notary Seal]

[Typed Name of Notary]

NOTARY PUBLIC

My commission expires: _____, 20_____ .



Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your Interra Credit Union account. Print one authorization for each financial institution where you have accounts. Remember to destroy old checks and your old ATM and debit cards.

Date: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Numbers: _____

Account Holders: _____

And send a check for the remaining balance(s) to my account at:

Interra Credit Union
P.O. Box 727
Goshen, IN 46527-0727

Routing Number: 271291017

Account Number _____ Savings Checking (check one)

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from account(s) with your financial institution.

If you have any questions about this request, please contact me.

Phone Number: _____ Day Evening (check one)

Sincerely,

Account Holder 1 Signature: _____ Date: _____

Account Holder 2 Signature: _____ Date: _____

[Signature of Notary]

[Typed Name of Notary]

NOTARY PUBLIC

My commission expires: _____, 20_____ .

[Notary Seal]





Authorization to Transfer Credit Card Balances

Transfer your high rate balances to your Interra Credit Union VISA® Credit Card
Low rates • NO annual fee • No balance transfer fee

Instructions: Complete this authorization to have credit accounts with other creditors switched to your Interra Credit Union VISA®. Use additional forms as needed. Return this form to Interra Credit Union.

Balance Transfer #1 Information:

Balance Transfer #2 Information:

Name of Creditor: _____

Name of Creditor: _____

Payment Address: _____

Payment Address: _____

City/State/Zip Code: _____

City/State/Zip Code: _____

Account Number: _____

Account Number: _____

Amount to Transfer: _____

Amount to Transfer: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Interra Credit Union Account Number: _____

Daytime Phone Number: _____

Balance transfers will be treated as cash advances. Please continue to make payments on your other credit accounts until the Credit Union notifies you that the balance(s) have been transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The Credit Union is not responsible for any remaining balance(s) or additional charges resulting in any delay on the payment and transfer of balance(s). The total amount(s) paid and transferred cannot exceed your account credit line. The Credit Union reserves the right to refuse any balance transfer request. Balance transfers do not carry a grace period.

Signature: _____

Date: _____

