



**SWITCH
IT!
KIT**

It's Better At A Credit Union.
Make your credit union your only choice for checking.



**Catholic Family Federal
Credit Union**
717 N. Socora Street
Wichita, KS 67212-3670
264-9163
264-9197 FAX

*Why should you switch your checking account
to a credit union?*

Good Question. Here's your answer.

A personal relationship with your financial institution is very important. When it comes to personal attention, high-quality service, and low fees—credit unions continue to out perform other providers in the financial services marketplace. Credit unions are not-for-profit cooperatives, which means member service is our reason for being. People are worth more than money at credit unions, our actions prove it, and the American Banker/Gallup opinion poll documents it.

The annual opinion poll once again gave credit unions the highest ranking in customer satisfaction of any financial services organization. Credit unions have topped the independent consumer satisfaction ratings every year since 1989.

In addition, the poll shows that consumers give credit unions higher ratings than banks on trustworthiness. Great things to consider in today's trying financial times. Invest in a financial partner that will put people before profits.

*It's Better At A
Credit Union.*

*There is no need to struggle over the decision where to have your checking account.
Your credit union is the better choice.*

*With lower or no monthly service charges, no minimum balance requirements and
interest-bearing checking accounts, when you switch to credit union checking,
you'll save more money.
We put more money in your pocket.*

*That's smart checking.
Make your credit union your only choice for checking.*

*Consumers have given credit unions the
#1 ranking in customer service satisfaction—over banks and S&Ls—for
14 years running.*



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Switch It in 4 easy steps

If the only reason you haven't switched to a sharedraft account is because of the hassle of closing your old one, don't worry! Our Switch Kit has been designed to make the change from your current institution hassle-free. Follow our easy instructions and you'll be saving time and money with your new sharedraft account in no time!

Please be sure to fill out each form completely, as incomplete information may delay processing of your request.



Checking Account Application

Before you close your old account, make sure that your new one is open and ready for use. Complete our checking account application and drop off at our office or mail it to us.



Direct Deposit Change Notice

Use our Direct Deposit Change Notice to notify businesses or organizations that are depositing funds into your account. Many government agencies, including Social Security, allow you to change your direct deposit over the phone. A list of agencies and their phone numbers are as follows:

Social Security—(800) 772-1213

Veteran's Administration—(800) 827-1000

Army, Navy, Air Force, Marines Retirement—(800) 321-1080

Civil Service/Government Retirement—(888) 767-6738

We recommend that you maintain accounts at both financial institutions until we receive your first direct deposit.

IMPORTANT: Civilians and military personnel should use SF 1199A to change their direct deposit.



Direct Payment Change Notice

Use our Direct Payment Change Notice to notify any businesses that deduct direct payments from your account. Businesses that receive your payments electronically.



Account Closure Notice

Once you have changed your direct payments and direct deposits and verified that all checks have cleared your old account, you're ready to close it. Use our Account Closure Notice and simply write a check for the balance that remains in your old account and deposit it in your new checking account.

If you have any questions at any time during your account switch, please don't hesitate to call our Member Service department at 264-9163 ext. 122.



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Checking Account Application

Instructions:

1. Fill out the following application completely.
2. Enclose a check or money order made out to credit union in the amount of your opening balance.
3. Mail your complete application and opening deposit to the address below.

Name: _____

Joint member's name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone number: _____

Work phone number: _____

Email address: _____

Authorization

By signing below, I/we agree to the terms and conditions of the Account Agreement, Truth-In-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature: _____ Date: _____

Joint Member's Signature: _____ Date: _____



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Direct Deposit Change Notice

Instructions: Complete this form and send to Employer, Social Security or other benefits payor

Personal Information

Name: _____

Social Security number: _____

Name of Employer or Agency: _____

Address: _____

Previous Financial Institution

Name: _____

Address: _____

Account Number: _____

New Financial Institution

Name: Catholic Family Federal Credit Union

Address: 717 N. Socora Street Wichita, KS 67212-3670

Routing Number: 301180182

Account Number: _____

Type of Account (check one) Checking Savings

Authorization

I hereby authorize this change in direct deposit effective _____

Signature: _____ Date: _____



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Direct Payment Change Notice

Instructions: Complete this form and send to company receiving payments directly

Personal Information

Name: _____

Name of Company Receiving Payment: _____

Address: _____

Account number/Customer number: _____

Previous Financial Institution

Name: _____

Address: _____

Account Number: _____

New Financial Institution

Name: Catholic Family Federal Credit Union

Address: 717 N. Socora Street Wichita, KS 67212-3670

Routing Number: 301180182

Account Number: _____

Type of Account (check one) Checking Savings

Authorization

I hereby authorize this change in direct deposit effective _____

Signature: _____ Date: _____



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Account Closure Notice

Instructions: Complete this form and send to Current Financial Institution to close account.

Name of Financial Institution: _____

Name: _____

Address: _____

Account number: _____

Social Security number: _____

Authorization

I hereby authorize the closure of my checking account and hereby state that all of my checks have cleared the account to be closed and all direct deposits and direct payments have been stopped.

Please mail the remaining balance in my account, if any, to the address i have Indicated above.

Signature: _____ Date: _____

Joint Signature (if necessary): _____ Date: _____