

With our simple *Switch Kit*, we take the worry out of changing financial institutions.

Moving your accounts to Illinois Community Credit Union is fast, convenient, and easy.

Complete the requested information regarding your new and current checking accounts, direct deposits, payroll, retirement, social security and any automatic payments you may have. Then mail all completed forms to the address listed below or bring them to any ICCU Branch.

Complete the following forms:

1. **Authorization to Transfer Funds:** Transfer a part or all of your balances from your old financial institution.
2. **Direct Deposit Request:** This form authorizes your employer to deposit the amounts you indicate into your Illinois Community Credit Union account.

Make sure all outstanding checks and automatic withdrawals have cleared your current account, then destroy all old checks, deposit tickets, ATM and debit cards.

If at any time, you have questions regarding your account, please feel free to contact us by mail at the address listed below, by phone (815) 895-4541, or by email SupportServices@myICCU.org. Please be sure NOT to include any sensitive or private information in the email.

Illinois Community Credit Union
Attn: Support Services
508 W. State Street
Sycamore, IL 60178

Direct Deposit Request

Date: _____ Employee # _____

Employee Name: _____

Name of Employer: _____

Employer Address: _____

New Financial Institution**Illinois Community Credit Union****508 W. State Street****Sycamore, IL 60178**ICCU Routing Number: **271989714**

ICCU Member Number: _____

Payroll Number: _____ Effective Deposit Start Date: _____

 Checking Savings Net Check \$ _____ Weekly Bi-Weekly Monthly Semi-Monthly

I hereby authorize and request the employer (named above) to deposit the above indicated amounts into my listed account at Illinois Community Credit Union for each payroll period following receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization.

Signature: _____ Date: _____

Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.