



The Switch is Simple

Just follow these four easy steps:

1. Open Your New Account

To open your new InRoads Credit Union account, simply bring in two pieces of ID (driver's license, passport, other) to any branch.

Note: Be sure to leave enough money in your old account (for now) to cover any forgotten checks, automatic debits, or purchases. You don't want to overdraw on your old account.

2. Switch Your Automatic Transactions

Once you're an InRoads member, fill out the Direct Deposit Form and/or complete an Automatic Payment Authorization Form for each of your automatic transactions. These forms should be submitted to the companies and financial institutions that handle your automatic deposits and withdrawals. Not sure what you have that's automatically paid? Here's a list to jog your memory.

Direct Deposit

- Employers
- Social Security
- Pension accounts
- Brokerage deposits
- Child support

Utilities

- Gas and Electric
- Telephone
- Cable or Internet
- Water
- Trash

Bills/Payments

- Mortgage
- Court issued payments
- Loans
- Insurance

3. Close Your Old Account

Now that you've sent in all of your forms and switched everything over to InRoads, you can close your old account. Just fill out the Account Closing Form and mail it to your old financial institution. Feels good, right?

Note: For your security and privacy, it's a good idea to destroy any old credit or debit cards, checks and deposit slips you may still have.

4. Welcome to InRoads

As a member, you'll get better returns on your savings, lower rates on home and auto loans, more access to your money at area branches and thousands of nationwide ATMs, as well as Online and Mobile Banking for your busy life. Plus, you'll always be greeted by friendly, knowledgeable people, whether you call 503.397.2376, stop by any branch, or click over to inroadscu.org.



Direct Deposit Change Form

Use this form to request the direct deposit of your funds to your new InRoads account. Be sure to attach a voided check or deposit slip from your new account.

Date _____

Employer Name _____

Employer Address _____ City _____ State _____ Zip _____

Employer Phone _____

To Whom It May Concern:

You are currently depositing (check one) my entire check part of my check to the following account:

Financial Institution Name: _____

Effective _____ (date), please stop making deposits to that account and instead send them to:

InRoads Credit Union
P.O. Box 537
St. Helens, OR 97051
Routing Number: 323276346
Account # _____
(Check one) Checking Savings

Thank you.

Sincerely,

Signature

Employee Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Employee ID/SSN: _____



Automatic Payment Authorization Form

Use this form to request the change of an automatic payment so it now withdraws from your InRoads Credit Union savings or checking account. Complete one form for each automatic payment. Many companies also provide information on their website or on their bill/statement explaining how to make changes or establish an automatic payment. Please allow sufficient time for your first automatic payment to be activated with your new InRoads account.

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

To Whom It May Concern:

I would like to change my payment instructions. Currently you are withdrawing a \$ _____ payment from:

Financial Institution Name: _____

Effective _____ (date), please stop making withdrawals from that account and instead withdraw from:

InRoads Credit Union
P.O. Box 537
St. Helens, OR 97051
Routing Number: 323276346
Account # _____
(Choose one) Checking Savings

Thank you.

Sincerely,

Member Signature _____ Joint Member Signature _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____



Account Closing Form

Use this form to request that the account(s) you currently have with your former financial institution be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until all outstanding payments and transactions have cleared.

Date

Financial Institution Name

Address City State Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check to me at the address listed below for any remaining funds and interest earned in the account(s).

Please close the following accounts:

Account # _____ Account Owners Name(s) _____

Savings Checking Money Market Other

Account # _____ Account Owners Name(s) _____

Savings Checking Money Market Other

If you have any questions about this request, please contact me at this number below during normal business hours.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Sincerely,

Member Signature

Joint Member Signature

Member Name

Join Member Name

Address City State Zip

Phone