Getting Started

Making the switch to better banking today!

You can make the move to IFCU in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to IFCU, where you'll enjoy a better experience for all your banking needs!

Open your new account.

Apply online in minutes or visit your local branch to open your new IFCU account(s).

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to IFCU.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to IFCU.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your IFCU account. Use one form for each direct deposit.

Notification of Direct Depo	Direct Deposit Checklist:		
Company or Employer: Address:			Use this list to remember all your direct deposits you need to transfer. These are the most
			common direct deposits.
City, State, Zip:			Payroll
Phone Number:			Investments
Employee ID:			Retirement Plans
(if applicable)			Social Security
Effective immediately, please deposit t	ne net amount of my check to my	IFCU account. I	
authorize (name of depositor)			
to automatically deposit funds into the	account below. This authorization	shall remain in place	
until I have submitted a new authoriza	tion, or until this authorization is ch	nanged or revoked by	
me in writing.			
Place an X next to your desired option.			
Net amount to IFCU CHECI			
Account #	Routing # 2	74974878	
Net amount to IFCU SAVIN	GS		
Account #	Routing # 2	74974878	
Ciamatuma			
Signature:	Date:		
Name:			
Address:			
City, State, Zip:			
Phone Number:			





Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of W	/ithdrawal Autho	rization Chang	ge		matic Withdrawal cklist:
Name of Company:					nis list to remember all your
Account Number:				autom	natic payments you need to
Payment Amount:					er. These are some of the commonly used automatic ents.
Address:				pa)	Home Mortgage
City, State, Zip:					Auto Loans
Phone Number:					Utilities
Please cancel all autom	atic withdrawals from my	old institution		_	Insurance
Financial Institution:					Cable/Internet
					Gym/Club Memberships
Account #		Bank Routing #			Credit Cards
Please make all future a	automatic withdrawals fro	om my new institutio	in:	_	Investments
Financial Institution:	IFCU				Subscriptions
Account #		Bank Routing #	274974878		Charity Donations
	ain in effect until I have sub n writing that this authoriza				
Signature:			Date:		
Name:					
Address:					
City, State, Zip:					

Phone Number:





Account Closure Authorization

You can authorize your remaining balance to be deposited automatically to your new IFCU account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization

To Whom It May Concern	n:						
Financial Institution:							
Address:							
City, State, Zip:							
Please close my account	t:						
Account Number:		Primary Owner:					
Address:							
City, State, Zip:							
Please send the remaining balance to:							
Place an X next to your desired option.							
Please depos	Please deposit directly to my new account at IFCU. Account						
#		Routing #	274974878				
Please forward me a check to my address listed below.							
Primary Signature:		0	Date:				
Joint Signature:							
Name:							
Address:							
City, State, Zip:							
Phone Number:							

NCUA

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to IFCU!



Page 4 of 4