

Let us help you...

Switch
to
LLCU

***Introducing Land of Lincoln
Credit Union's
Account Switch Kit***

If the only reason you haven't opened a Land of Lincoln Credit Union account is because of the hassle of closing your old one, don't wait any longer! Do you want to save money on your accounts but dread the thought of making the switch? Land of Lincoln Credit Union now makes it easy to switch your current accounts with our Switch Kit.

The kit provides the necessary forms to allow us to switch your existing accounts to your new account with Land of Lincoln Credit Union, as well as change any direct deposit or automatic payments you currently have established.

Simply complete the applicable forms in the packet and return them in person or via mail. We'll take care of the rest – no letters to write or phone calls to make.

...and start saving money today!



***Land of Lincoln Credit Union
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**Required paperwork to complete request.*

Land of Lincoln Credit Union Application for Membership and other Services

Complete the application and return to the credit union

I currently have an account with Land of Lincoln Credit Union:

Number _____ Savings _____ Checking _____ Other _____

Save time and money when you switch your accounts to LLCU. Check the services you want to switch to LLCU and provide the necessary information in each section. A Minimum of \$25.00 is required to be in your savings account at all times to be an active member.

Savings _____ Checking _____ Loan _____ Other _____

A . Member Information

*Please **PRINT** all information*

Name (first, middle, last)*

Joint applicant (first, middle, last)*

Street address*

Joint applicant address*

City* State* Zip*

City* State* Zip*

Phone: () _____
Day
() _____
Evening

() _____
Day
() _____
Evening

Social Security Number* Birth Date*

Social Security Number* Birth Date*

Email Address

Email Address

Mother's Maiden Name

Mother's Maiden Name

Employer Gross Mo. Income

Employer Gross Mo. Income

Signature Date

Signature Date

I/We authorize the Credit Union to obtain credit reports in conjunction with this application and for any updates or renewals as necessary.

If additional parties will be on account, please provide same information on an additional sheet of paper for each person.

*Required Information to complete the request

B. Loan Application

Complete the following information for any type of loan request other than a purchase of a new home or credit card along with the information in section A.

Amount \$	Purpose of the Loan	Length of Loan
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Borrower	Co-Borrower*
Name _____	Name _____
Employer _____	Employer _____
Position _____	Position _____
Employer address _____	Employer address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Office Phone # _____	Office Phone # _____
Annual Income _____ Years employed _____	Annual Income _____ Years employed _____
Own _____ Rent _____ Mortgage/rent payment _____	Own _____ Rent _____ Mortgage/rent payment _____

If loan request is for a Vehicle loan, please provide as much of the following information with the request

Make _____	Model _____
Year _____	Mileage _____
VIN number _____	Deductible amount _____
Insurance company _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
phone # () _____	phone # () _____
Signature _____ Date _____	Signature _____ Date _____

I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this Financial Institution, information concerning me or my affairs. (Sec. 1014, Title 18, U.S. code makes it a Federal Crime to knowingly make a false statement on this application.)

I/We authorize the Credit Union to obtain credit reports in conjunction with this application and for any updates or renewals as necessary.

Income Verification is required; other information may be required.

*If additional Co-Makers exists please provide information in Section A. and B. on a separate sheet of paper

C. Visa Credit Card

Complete the following information for the type of Card you desire along with the information in section A and B.

Visa Basic _____ Visa Classic _____ Visa Gold _____ Visa Platinum _____

Credit Union is authorized to approve this application for any card and credit limit as qualified, and will notify applicant(s) upon approval.

Balance Transfer request

To transfer your credit balances, or pay them off, just fill in the details below. We'll send a check to each card issuer listed, and a letter to you confirming the amounts paid.*

Name of Card Issuer Account Number

Payment Address of Card Issuer

Phone number of Card Issuer Exact Dollar (\$) Balance to Transfer

Name of Card Issuer Account Number

Payment Address of Card Issuer

Phone number of Card Issuer Exact Dollar (\$) Balance to Transfer

Name of Card Issuer Account Number

Payment Address of Card Issuer

Phone number of Card Issuer Exact Dollar (\$) Balance to Transfer

*Balance transfers take about 4 weeks to complete. Please continue to make payments on your other credit cards until the credit union notifies you that the balances 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 balances(s) or additional charges with regard to such account(s), nor for any charges resulting in any delay in the payment and transfer of balances. The total amount(s) paid and transferred cannot exceed your account credit line. The credit union reserves the right to refuse any balance transfer requests.

I/we the undersigned authorize Land of Lincoln Credit Union to pay off the amounts specified above and apply those amounts specified above and apply those amounts to my Land of Lincoln Credit Union credit card account.

Applicant's Signature

Co-applicant's Signature

Credit Union Account #

Pledge of Shares (This must be signed for a card to be issued.)

By signing below, you pledge to us and grant us a security interest in all of your shareholdings with us including paid shares and future payments on shares, to secure your credit card account with us. You authorize us to apply these shareholdings to pay any amounts due on the account or under this agreement if you should default. Your pledge does not apply to any Individual Retirement Account or any other account that would lose special tax treatment under state or federal law if given as security.

Applicant's Signature

Co-Applicant's Signature

D. Visa Check Card

IMPORTANT: A checking account is required to have a Visa Check Card. Complete section A and D to have a Visa Check card issued.

If you want a second card, the checking account must be a joint account.

A random four digit Personal Identification Number (PIN) will be assigned to your Visa Check Card. Once you have received the card and the confirmation of PIN, you may come into the Effingham, Mound or Oakland locations to change the issued PIN.

Name on card

Name on card

NOTE: Once your card is activated, the credit union will not retain a record of your PIN. If you lose or forget your PIN, contact the credit union immediately to be assigned a new PIN.

I/We understand usage of the LLCU Visa Check Card constitutes agreement of the terms and conditions of the LLCU Visa Check Card Disclosure and Agreement which will be provided by the Credit Union along with the Card. If I/We do not agree with the terms and conditions of the Disclosure I/We will notify LLCU to cancel the Card.

I/We authorize the Credit Union to obtain credit reports in conjunction with this application and for any updates or renewals as necessary.

I/We as Card holder(s) agree to surrender the Card upon demand.

Signature

Date

Signature

Date

(No card will be issued in the name of a person who has not signed above.) Upon Credit Union approval, your LLCU Visa Check Card and your Personal Identification Number (PIN) will be forwarded to you promptly. Your PIN will be mailed separately.

I/We understand there is a \$10.00 charge for a lost/stolen/replacement card.

E. Lincoln Line/Home Banking

LLCU also offers you the option of accessing your account information by phone or on-line. Just complete this form and mark the option for Lincoln Line Audio Response and/or Home Banking. Then drop it by one of our offices, or return it by mail. Within a week, you will receive a PIN for each service in the mail.

If you choose, you will then be able to change the PIN(s) to another number by phone or on-line.

You may access your account online by visiting our web site at www.llcu.org and clicking on the Home Banking icon, or by Audio Response Unit by calling 217-424-9400 or 1-800-500-9401.

Yes, I would like to sign up for:

Lincoln Line Audio Response
 Home Banking

Name

Name

Account Number

Account Number

Address

Address

City State Zip

City State Zip

Daytime Phone () _____

Daytime Phone () _____

Home Phone () _____

Home Phone () _____

Signature Date

Joint Owner Signature Date

G. Automatic Payment/Debit Change Notice

_____ I would like to begin making automatic payment from the checking account indicated below.

_____ My account information has changed. My automatic payment should now come from my checking account indicated below.

Land of Lincoln Credit Union

Routing/ABA - 271183015

P.O. Box 3310

Decatur, IL 62524

LLCU Account Number _____

(if a new member this will be assigned when paperwork is returned and share account is opened)

Name on Account

Account #

Payment amount

Payment frequency (i.e. monthly, weekly) Day of the month, week, etc.

Please make the change effective _____

Name (please print)

Address

City

State

Zip

Signature

Date

Signature (secondary owner/signer)

Date

I understand there may be additional forms to complete in order to make this change. If additional information is needed, please contact me during the day at: () _____

It is important to note that it can take up to two billing or pay periods for companies to switch automatic payment, deductions, and direct deposit to your new checking account.

Copy this form and submit it to each company you wish to make or change payments.

H. Close Your Current Account

Please complete the form below and mail it to your current financial institution to close your account.

Bank Name

Address

City State Zip

To Whom It May Concern:

Please accept this as official notice that I wish to close my account(s). I certify that all my checks automatic debits and check card purchases have cleared and that any previous direct deposit arrangements have been canceled.

Please contact me if you need any additional information to complete my request. My account number and contact information are listed below:

Accountholder Name

Account#

Accountholder address

City State Zip

Home Phone # () _____

Daytime Phone # () _____

Please mail the remaining balance in my account to:

Land of Lincoln Credit Union
Attention
P.O. Box 3310
Decatur, IL 62524

Please include my new account number at LLCU on the check to insure proper credit is given.

Signature (primary owner) Date

Signature (secondary owner) Date