

Switch Kit

Member Information

*First Name:

*Last Name:

*Account Number:

*Address:

*City:

*State:

*Zip:

*Phone Number: - -

Do you have a previous Financial Institution(s) at which you would like to close your account(s)? Yes No

If yes, how many?

Do you have any Automatic Payment(s) (ACH) to switch to Greensboro Municipal Credit Union? Yes No

If yes, how many?

Do you have any Direct Deposit(s) to switch to Greensboro Municipal Credit Union? Yes No

If yes, how many?

Previous Financial Institution Information

Bank 1

Bank Name:

Account Number:

Date to Close Account:

Address:

City:

State:

Zip:

Do you use the online BillPayer product from this institution to pay bills? Yes No

Do you use the online BillPayer product from this institution to pay bills? Yes No

Do you have any regular automatic payments charged to a debit/check card from this institution? Yes No

Bank 2

Bank Name:

Account Number:

Date to Close Account:

Address:

City:

State:

Zip:

Do you use the online BillPayer product from this institution to pay bills? Yes No

Do you have any regular automatic payments charged to a debit/check card from this institution? Yes No

Automatic Payment (ACH Payment)

Company/Payee 1

Company/Payee Name:

Account Number:

Address:

City:

State:

Zip:

Company/Payee 2

Company/Payee Name:

Account Number:

Address:

Address:

City:

State:

Zip:

Direct Deposit

Employer Name:

Address:

City:

State:

Zip:

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