



Dear Member,

Thank you for choosing Sharefax Credit Union. This Switch Kit packet contains the letters and forms needed to switch to your Sharefax Credit Union account.

On the next page, you will find a checklist to help you through each step of the process. After the checklist, you will find the letters to be mailed to each organization involved.

To avoid bounced check fees from your previous financial institution, please do not write any more checks on your old account. Also, please be sure to confirm that all automatic debits and credits have been switched before closing any previous accounts. Please be aware that your old financial institution may charge for any electronic transfer services. You may wish to call each company to confirm that they have received the attached forms before closing your old bank accounts permanently.

Thank you,

Sharefax Credit Union Staff



Phone: 513-753-2440

Routing/ABA Number: 242077312 Your Account Number: _____

Sign and mail change letter for _____

Account #	Phone #	Average Amount (optional)	Date Mailed	Date Confirmed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign and mail change letter for _____

Phone #	Average Amount (optional)	Date Mailed	Date Confirmed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Call each recurring debit/check card payee and switch to your new Sharefax card.
- Sign and mail closure letter for old bank (only once all automatic credits and debits have been switched and all outstanding checks have cleared).
- Remember to sign all switch kit documents prior to mailing them to other financial institutions.
- Cancel each payee in old bank's bill payer and add to Sharefax Credit Union's Bill Payer

Account #	Type of Acct.	Phone #	Date Mailed	Date Confirmed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



AUTOMATIC PAYMENT LETTER

To Whom It May Concern,

I have recently changed financial institutions and I hereby authorize you to switch the following regular payment over to my new account at Sharefax Credit Union, routing number 242077312, account number _____.

My account information is as follows:

Name: _____

Account Number: _____

Please contact me at _____ or Sharefax Credit Union at 800-733-1SCU (1728) with any questions.

Thank you,

Name: _____

Address: _____

City, State Zip: _____



DIRECT DEPOSIT LETTER

To Whom It May Concern,

I have switched financial institutions and I hereby authorize you to switch my direct deposit over to my new account at Sharefax Credit Union, routing number 242077312, account number _____.

If this letter is not sufficient to have my direct deposit changed, please contact me and/or send me any necessary forms.

Please contact me at _____ or Sharefax Credit Union at 800-733-1SCU (1728) with any questions.

Thank you,

Name: _____

Address: _____

City, State Zip: _____



PREVIOUS FINANCIAL INSTITUTION LETTER

To Whom It May Concern,

I hereby authorize the closure of my account effective ___ / ___ / ___ .
The account information is as follows:

Name: _____
Checking Account Number: _____

Please transfer any remaining balance via check to:

Sharefax Credit Union, 604 Ivy Gateway, Cincinnati, OH 45245
or electronically to Sharefax Credit Union: Routing number 242077312
Account number _____

Please contact me at _____ or Sharefax Credit Union at
800-733-1SCU (1728) with any questions.

Thank you,

Name: _____

Address: _____

City, State Zip: _____