

Our switch kit includes everything you need to help you make a smooth transition to the **Kansas Blue Cross Blue Shield Credit Union**.



The steps are so easy!

1. Open your credit union account.
2. Change automatic deposits using the Authorization to Change Direct Deposit form.
3. Change automatic payments and withdrawals using the Authorization to Change Automatic Payment form.
4. Close other savings, checking and bill payment accounts using the Authorization to Close Account form.

www.ksbcbscu.org

Please refer to www.ksbcbscu.org for current rates and more details.

Mailing address:
PO Box 1975
Topeka KS 66601-1975

Location:
1010 SW Tyler
Topeka, KS 66612

**Open Monday – Friday
during the following hours:**

Lobby:
10 a.m. – 4 p.m.

Drive up window:
7:15 a.m. – 5 p.m.

D-1 location:
8:00 – 10:15 a.m.



Kansas Blue Cross Blue Shield
Credit Union
PO Box 1975
Topeka, KS 66612-1975



SWITCH KIT



New Account Conversion "To Do" List

Simply use this handy "to do" checklist to help you make the switch!

- Complete required documents to open your new credit union account.
- Make sure all checks have cleared your old checking account.
- Make certain enough funds are available in your account to cover any automatic payments that may still need to be withdrawn.
- Have your new account number(s) ready when completing the authorization forms in the switch kit:
Account number: _____
- Switch direct/automatic deposits using the Authorization to Change Direct Deposit form:
 - employer deposit
 - government deposit
 - Social Security Administration deposit
 - brokerage deposits
 - child support or court-ordered deposits
 - other
- Switch automatic payments/withdrawals using the Authorization to Change Automatic Withdrawal form:
 - mortgage/rent
 - association fees
 - Internet service
 - investments
 - utilities (electric, gas, water)
 - online billing
 - car payment
 - club/membership dues
 - cable TV/satellite
 - credit card payment
 - phone/cell phone
 - other
- Close other savings, checking and bill payment accounts using the Authorization to Close Account form.

Authorization to Change Direct Deposit

Instructions: Complete this authorization form to change direct deposits to the Kansas Blue Cross Blue Shield Credit Union.

Provide the form to all payers who make automatic deposits to your account.

Date

To whom it may concern:

You are currently making direct deposits on my behalf to this account:

Financial Institution: _____

Routing number: _____

Account number: _____

Please discontinue direct deposits to the account above and immediately start direct deposits to my new account at:

Kansas Blue Cross Blue Shield Credit Union
PO Box 1975
Topeka, KS 66601-1975

Routing number: #301179766

Account number: _____

savings checking (check one)

If you have any questions about this request, please contact me during the day evening (check one) at
(_____)_____ (telephone number).

Thank you,

Signature _____

Name _____

Address _____
City State Zip

Authorization to Change Automatic Payment

Instructions: Complete this authorization form to have automatic payments made from your Kansas Blue Cross Blue Shield Credit Union account. Print one authorization form for each company that makes automatic withdrawals from your current account. Remember to change any automatic payments made by debit card too.

Date

Name of company that makes automatic withdrawal

Address
_____/_____/_____
City State Zip

To whom it may concern:

You are currently withdrawing \$ _____ (amount) for the payment of my _____ (auto, credit card, phone bill) on _____ (date of withdrawal) from the account listed below:

Financial Institution: _____

Routing number: _____

Account number: _____ or

Card number: _____

Please discontinue withdrawals from the above account and begin drafting from the account listed below:

Kansas Blue Cross Blue Shield Credit Union
PO Box 1975
Topeka, KS 66601-1975

Routing number: #301179766

Account number: _____

savings checking (check one)

If you have any questions about this request, please contact me during the day evening (check one) at
(_____)_____ (telephone number).

Thank you,

Signature _____

Name _____

Address _____
City State Zip

Authorization to Close Account

Instructions: When closing your old accounts, remember to keep enough funds in your old account for checks, automatic withdrawals or ATM/Visa check card transactions that may be pending. Once all outstanding transactions have posted, print one authorization form for each financial institution where you would like to close accounts. Remember to destroy your old checks and old ATM/debit cards.

Date

Name of company that makes automatic withdrawal

Address
_____/_____/_____
City State Zip

To whom it may concern:

Please close my account(s) with your financial institution:

Account numbers: _____

Account holders: _____

Send a check for the remaining balance to my new account at:

Kansas Blue Cross Blue Shield Credit Union
PO Box 1975
Topeka, KS 66601-1975

Routing number: #301179766

Account number: _____

savings checking (check one)

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from my account(s) with your financial institution.

If you have any questions about this request, please contact me during the day evening (check one) at
(_____)_____ (telephone number).

Thank you,

Account Holder 1 _____
Signature Date

Account Holder 1 _____
Signature Date