

Switch Kit – Instructions

- Stop by any branch to open your account with HealthShare Credit Union
 - Make sure you order or setup the following for your new checking account:
 - Visa Debit Card
 - Internet banking
 - Online bill pay
 - E-Statements
 - Text banking
 - Mobile banking
 - E-Alerts
 - Audio response access
- Once you get all of your services with HealthShare Credit Union setup, you will need to switch all of your direct deposits and automatic payments:
 - Direct Deposit
 - Payroll
 - Social Security
 - Government
 - Retirement
 - Investments
 - Other
 - Automatic Payments
 - Mortgage or Rent
 - Auto Loan
 - Health Insurance
 - Life Insurance
 - Car Insurance
 - Credit Cards
 - Utilities
 - Cable TV
 - Telephone
 - Cellular Phone
 - Internet Services
 - Health/Gym Membership
 - Investments/Annuities
 - Charitable Contributions
- Send out all of your forms for processing.
- Complete the transfer request to close your current checking account and transfer the funds to HealthShare Credit Union. Remember to verify that all checks and automatic withdrawals have cleared your previous account before closing.

Congratulations! You're done...it's as EASY as...





1200 North Elm Street
Greensboro, NC 27401
P: (336) 832-8119
F: (336)832-8129
www.healthsharecu.org

Change Direct Deposit Form

To: Human Resources / Payroll Department

Please redirect my direct deposit per my instructions to HealthShare Credit Union as indicated below:

Employee Name: _____

Address: _____

Social Security or Employee Id Number: _____

Phone Number: _____

Previous Financial Institution: _____

Previous FI Account Number: _____

I authorize my direct deposit to be routed to:

HealthShare Credit Union
1200 North Elm Street
Greensboro, NC 27401
(336) 832-8119

Checking

Savings

HealthShare Credit Union Account Number: _____

HealthShare Credit Union Routing Number: 253176037

X _____
Employee Signature

Date



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Change Automatic Payment Form

Complete this form and provide it to each company that automatically deducts payments from your account(s).

Company Information

Name: _____
Address: _____
City, State, Zip: _____

Your Information

Name: _____
Address: _____
City, State, Zip: _____

You currently withdraw \$ _____ for my _____ from my old account number _____.
(i.e. cable bill)

Effective immediately, please redirect my automatic payment for the above account to my new account indicated below:

Financial Institution: HealthShare Credit Union
Routing Number: 253 176 037
Account Number: _____

If you have any questions about this request, please contact me at the following number:
_____ day/evening (circle one).

Sincerely,

Signature

Print Name

Date



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Transfer Account Form

Complete this form and provide it to your current financial institution to close your current account and transfer the funds to your new HealthShare Credit Union account.

Current Financial Institution Information

Name: _____
Address: _____
City, State, Zip: _____

Your Information

Name: _____
Address: _____
City, State, Zip: _____
Account Number: _____
Social Security Number: _____
Daytime Phone Number: _____

Please check one box:

Please close my account and send the entire account balance to me at the address noted above.

Please close my account and send the entire account balance to:

HealthShare Credit Union
1200 North Elm Street
Greensboro, NC 27401
Please reference account number: _____

I hereby direct you to complete the requested transfer from my existing account and close the account.

Sincerely,

Signature

Print Name

Date

Please verify with your current financial institution that all transactions have cleared your account. HealthShare Credit Union is not responsible for any overdraft charges incurred for insufficient funds.