



"To Do" List

Welcome to the University of Hawai'i Federal Credit Union (UHFCU)! You've made a great choice and we look forward to serving you. Now that you have your UHFCU account(s), we'd like to help make your switch from your previous financial institution a QUICK and EASY one. Simply use this handy "to do" checklist to help you make the switch!

I. Have your new UHFCU account number(s) ready when completing the switch kit:

Account Number(s):

Routing Number: **321379656**

- 2. Switch direct deposits/automatic deposits using the Authorization To Change Direct Deposit:
 - □ Employer deposit
 - □ Government deposit
 - □ Social Security Administration □ Other
- 3. Switch automatic payments/withdrawals using the Authorization To Change Automatic Withdrawal:
 - □ Mortgage / Rent
 - Association fees
 - Internet service
 - \Box Investments
 - Utilities: Electric, gas, water
 - Online billing

□ Club / Membership dues

Auto

□ Cable TV / Satellite

□ Brokerage deposits

□ Child support or court-ordered deposits

- □ Credit cards
- □ Phone / Cell phone
- 4. Close all other savings, checking & bill payment accounts using the Authorization To Close Account:
 - Financial Institutions:
- 5. SAVE MONEY with these additional options!
 - □ Transfer high-rate credit card balances to a UHFCU VISA® Credit Card.
 - □ Refinance your auto loan at a lower interest rate with UHFCU.
 - □ Refinance your mortgage loan at a lower interest rate with UHFCU.
 - □ Tap your home's equity with one of UHFCU's home equity services.

• Helpful Tip: Enroll in Online Banking and set up E-Alerts at UHFCU.com to monitor your account so you know exactly when the deposits and payments are changed to your new account(s).

For additional detail – or help switching your accounts to UHFCU – just ask us! We'll be glad to help. Please visit any branch or call (808) 983-5500 or 1-800-927-3397.

STEP 2: Authorization to Change Direct Deposit

Instructions: Complete this authorization to change direct deposits to UHFCU and provide to your payroll office or any other payor who makes automatic deposits to your account.

Date	
Employer / Depositor's Name	
Address	
To Whom It May Concern: You are currently making direct deposits on my behalf to thi	is account:
Old Bank:	
Routing Number:	
Account Number:	
Please discontinue direct deposits here and immediately star	t direct deposits to my account at:
University of Hawai`i Federal Credit Union PO Box 22070 Honolulu, HI 96823 Routing Number: 321379656	
Account Number: Note: Checking is generally recommended. If selecting Checking, your a	_ Savings / Checking (circle one) Account Number should start with "2000."
If you have any questions about this request, please contact Phone Number:	me during the day / evening (circle one) at: -
Thank you.	
Sincerely,	
Signature	
Name	
Address	
Employee ID Number	

STEP 3: Authorization to Change Automatic Withdrawal

Instructions: Complete this authorization to have automatic withdrawals made from your UHFCU account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card too.

Date					
Name c	of C	ompany that makes Automatic Withd	rawal		
Address	s				
You are	e cu	n It May Concern: rrently withdrawing \$ (what payment is for) from:	_ (amount) on a	ı	(when) basis for my
	Olo	l Bank:			
	Ro	uting Number:			
	Aco	count Number:			, OR
	Ca	rd Number:			
Please o	disco	ontinue withdrawals from this account	and (check one	e):	
		Begin withdrawals from this account	at:		
		University of Hawai`i Federal Cr PO Box 22070 Honolulu, HI 96823 Routing Number: 321379656	edit Union		
		Account Number:	:	Savings / Checki	ng (circle one)
		Note: Checking is generally recommended. If select	ting Checking, your A	Account Number shou	ld start with "2000."
		Begin withdrawals from my UHFCU (card:		
		Card Number:		Expiration:	CW:
		I will use UHFCU's Online Bill Pay se	rvice to make fi	uture payments.	
lf vou b	22/0	any questions about this request, plea	so contact mo c	luring the day / c	woning (circlo ono) at:
ii you ii		one Number:		and the day / e	vening (ch cie one) ac.
Thank y	you.				
Sincere	ly,				
Signatur	re				
Name					
Address	s				

STEP 4: Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your UHFCU account. Print one authorization for each financial institution where you have accounts. Remember to destroy and recycle old checks and destroy your old ATM and debit cards.

Date		
Bank / Other Financial Institution Name		
Address		
To Whom It May Concern: Please close my account(s) with your financial	institution:	
Account Number(s):		
Account Holder(s):		
ID Verification (ex: SSN):		
And send a check for the remaining balance(s)	to my new account at:	
University of Hawai`i Federal Cre PO Box 22070 Honolulu, HI 96823 Routing Number: 321379656	edit Union	
Account Number: Note: Checking is generally recommended. If select	Savings / Checking (circ	,
I have also made arrangements to discontinue my account(s) with your financial institution.	the direct deposit and automatic withdraw	wal of funds from
If you have any questions about this request, p	please contact me during the day / evening	(circle one) at:
Phone Number:		
Thank you.		
Sincerely,		
Account Holder #1 Name	Account Holder #1 Signature	Date
Account Holder #2 Name	Account Holder #2 Signature	Date