



**CITY OF
BOSTON**
CREDIT UNION

Ready to switch your accounts to City of Boston Credit Union but not sure how?

Use this Switch Kit as a guide to easily transition your accounts to your new CBCU Checking Account. Follow the simple steps to get started.

If you need assistance throughout the transition process, please call us at 781-828-1444 or 617-865-1011.

Thank you for choosing City of Boston Credit Union, we appreciate your membership!

MAKE THE SWITCH

to your new
**City of Boston Credit Union
Checking Account!**

After opening your new City of Boston Credit Union Checking Account follow the steps below before you close your current account. If at any time you need assistance with this process, please contact us at 781-828-1444 or 617-865-1011.

1. Organize Your New Account

Schedule Automatic Payments

If you currently make automatic payments (car payment, mortgage, etc.), inform them of your new account information.

Activate Your New Online Bill Pay

If you currently pay bills online (Online Bill Pay), make sure to cancel all bill payments from your previous account and set them up in your new City of Boston Credit Union account. You'll need the account number, mailing address, and phone number for each vendor you want to pay through online banking.

2. Update Your Direct Deposit Information

Transferring Your Direct Deposit

Contact your employer payroll department to make the change and if needed complete the enclosed direct deposit form and attach a voided check or signed letter from your City of Boston Credit Union Member Service Representative. Give both items to your employer's payroll department or appropriate government agencies. For social security, simply call 1.800.772.1213 to make the switch.

3. Close Your Account with Your Previous Financial Institution

The Final Step

After you've organized your new City of Boston Credit Union account and you're certain all of your transactions and checks have cleared on your old account, complete and send the enclosed closing form to your previous financial institution. They will mail you a check for any remaining balance in the account. You can then deposit those funds into your new City of Boston Credit Union account.



Automatic Payments & Direct Deposit

Use this form to gather all of your payment and deposit information in one place for easy reference.

Payment Checklist

Payment	Company	Phone #	Account Number	Amount	Date of Payment
Mortgage/Rent					
Auto Loan					
Insurance					
Credit Card 1					
Credit Card 2					
Gas/Oil					
Electric					
Cable/TV					
Telephone					
Cell Phone					
Water					
Trash Removal					
Internet Provider					
Health Club					
Investments					
IRA/Retirement					
Charities					
Daycare					
Tuition/School					
Other					

Direct Deposit Checklist

Payment	Company	Account Number	Amount	Date of Payment
Employee Payroll				
Pension/Retirement Plans				
Social Security				
Investment Incomes				
Other				

Remember to change any existing Automatic Payments you have authorized for payment from your current account to your new account information.

Authorization to Change Direct Deposit

Please deposit my check(s) directly into my new account as indicated below.

Direct Deposit Account Information

Company Name _____
 Company Address _____
 City _____ State _____ Zip Code _____

Type of Deposit

Employee Payroll Social Security Other:
 Supplemental Security Income Civil Service Retirement _____
 VA Compensation/Pension Pension

Member Information

Name _____ Phone # _____
 Employee or Social Security Number _____
 Address _____
 City _____ State _____ Zip Code _____

Previous Account Information

Checking Account Savings Account
 Previous Financial Institution Name _____
 Routing # _____ Previous Account # _____

New Account Information

New Financial Institution Name **City of Boston Credit Union** Routing Number **211080822**
 New Account Number _____ Effective Date _____
 Type of Account: Savings _____ Checking _____

Member Signature _____ Date _____

Please Close My Account

Upon receipt, please close the following account, and send a check to me for the remaining balance and confirmation of the account closure to the address below. If you have any questions about this request, please contact me at the number below.

Closed Account Information

Checking Account _____

Savings Account _____

Financial Institution Name _____

Account # _____

Member Information

Name _____ Phone # _____

Joint Account Owner Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Member Signature _____ Date _____

Joint Owner Signature (if applicable) _____ Date _____