

# Switching your accounts to Village Credit Union is easier than ever!

Simply complete the appropriate form(s) below and mail or fax them to us, and we'll make the switch for you.

601 E. Court Ave., Des Moines, 50309 ♦ Phone (515) 243-4400 ♦ Fax (515) 243-5006

## CHANGE PAYROLL DIRECT DEPOSIT

Complete this form if you want to switch all or part of your direct deposit to your Village CU account.

Please feel free to photocopy this form as needed to reassign multiple direct deposits.

Date

Employer / Depositor's Name

Address

City State Zip

Fax Phone

### To whom it may concern:

You are currently depositing MY ENTIRE CHECK / PART OF MY PAYCHECK (circle one) to the following account below:

Old financial institution

Old financial institution's routing number

Old Account Number

Please stop making deposits to that account and instead send them to:

**Village Credit Union**  
**Routing Number: 273073851**

Your account number

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at: ( ) - .

Signature

Name

Address

City State Zip

## CHANGE AUTOMATIC PAYMENT

Complete this form if you want to switch automatic payments coming out of your old account, and have them withdrawn from your Village CU account.

Please feel free to photocopy this form as needed to reassign multiple automatic withdrawals.

Date

Auto Withdrawal Company

Address

City State Zip

Fax Phone

### To whom it may concern:

You are currently withdrawing \$ (amount) for my (what payment is for), (account or other identifying number), (when) from the following account below:

Old financial institution

Old financial institution's routing number

Old Account Number

Please stop making withdrawals to that account and instead withdraw them from

**Village Credit Union**  
**Routing Number: 273073851**

Your account number

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at: ( ) - .

Signature

Name

Address

City State Zip

## CLOSE ACCOUNT

Complete this form if you wish to close an account at your old financial institution.

Date

Old Financial Institution's Name

Address

City State Zip

Fax Phone

### To whom it may concern:

Please close my account (account #), and send a check for the remaining balance to me at the address below.

If you have any questions about this request, please contact me during the DAY / EVENING (circle one) at: ( ) - .

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City State Zip

Account Number\*

Global Financial Bank Routing Number\*

\*To find the account numbers for your old account, look at the bottom of your checks for a series of numbers:

I:012345678I: 1234 III 5678 I: 1234  
Bank Routing # Account # Check #

**Bank Routing Numbers** are the first nine digits of the series, beginning with a number between 01 and 12 or 21 and 32.