



SwitchKit

AS EASY AS 1 – 2 – 3 FREE

1 Open Checking and Savings Accounts

First step: open a savings account with LCFCU to become a member in the Credit Union. Open your LCFCU FREE Checking Account at the same time you join. Join online and open your Free Checking Account now.

<https://www.lcfcu.org/home/services/applications/membership>

2 Close Old Accounts

Keep your Checking and Savings accounts with the other institution open long enough to allow outstanding checks and automatic withdrawals to clear. Leave enough money in place to cover these transactions. This process may take several weeks. Once you're sure that the old accounts are inactive, ask your previous institution to send you the balances from your account. When the transfers are complete destroy your old checks, ATM/debit cards, and deposit slips.

3 Switch Automatic Transactions

Use SwitchKit forms in this kit to contact the companies and financial institutions which handle your automatic deposits and withdrawals to switch your accounts to Library of Congress FCU. Let us know if we can help you with any of these forms.

Note: Once account is open, to change online Bill Pay to LCFCU's Bill Pay system please log in to Online Banking and follow directions for setting up your account.

ACCOUNT CLOSURE NOTIFICATION

Financial Institution of Closed Account

Today's Date

Address

City, State, Zip Code

To Whom It May Concern *We request the closure of the following account(s):*

Account Number

Type of Account

Account Number

Type of Account

Send remaining balance(s) in the form of a check to:

Address

City, State, Zip Code

Name

Co-signer's Name

Signature

Date

Co-signer's Signature

Date

Print, Complete and Fax or Mail this form to your previous financial institution to notify them that you are closing your account.

Automatic Withdrawal Request

Individual or Company (recipient of withdrawals)

Today's Date

Address

City, State, Zip Code

To Whom It May Concern *Concerning your current withdrawal:*

Account

Frequency (weekly, monthly, day, etc.)

Account Number

Name

Please update the origin of payment to this new account:

Name

Address

City, State, Zip Code

Library of Congress Federal Credit Union

254074837

Financial Institution

Routing Number

Account Number

Frequency/Date

Signature

Date

Print, Complete and Fax or Mail this form to entities who automatically withdraw funds from accounts you are closing.

Payroll Direct Deposit Request

Employer or Depositor's Name

Today's Date

Address

City, State, Zip Code

To Whom It May Concern

You are currently depositing all or part of my paycheck to the following account:

Old Financial Institution

Routing Number

Account Number

Please begin depositing payments to this new account:

Library of Congress Federal Credit Union

254074837

Financial Institution

Routing Number

Account Number

Sincerely, _____
Name

Address

City, State, Zip Code

Signature

Date

Print, Complete and Fax or Mail this form to entities who automatically deposit funds into your accounts (typically paychecks).



Checklists

It's important to update banking information with your utilities, employer, plus service companies and government agencies if you receive direct deposits. Here's a list of the most common notifications:

Direct Deposit

- Your employer's human resources department
- The company handling your retirement or pensions
- Social Security Administration

Anyone who makes automatic withdrawals from your account:

- Mortgage company
- Homeowner's insurance
- Auto insurance
- Life insurance
- _____
- _____

Anyone who makes automatic charges to your old debit or credit cards:

- Utility companies
- Telephone company
- Cable company
- Internet service provider
- _____

Standard Form 1199A

(Rev. June 1987)
 Prescribed by Treasury
 Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																				
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<p>PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.</p>																					
SIGNATURE	DATE																				
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SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION LIBRARY OF CONGRESS FEDERAL CREDIT UNION 8100 PROFESSIONAL PLACE, SUITE 308 HYATTSVILLE, MD 20785	ROUTING NUMBER CHECK DIGIT <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">7</td> </tr> </table>	2	5	4	0	7	4	8	3	7
2	5	4	0	7	4	8	3	7		
DEPOSITOR ACCOUNT TITLE										
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above named payee(s) and the account number and title. As representative of the above-named financial institution, I certify the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.										
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE							

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Welcome to the Library of Congress Federal Credit Union
We look forward to serving you!



Need help?

Stop by our Madison branch,
our Hyattsville office,
or call us at **202.707.5852**
www.LCFCU.org