



“a place YOU Belong”

SAYRE OFFICE

104 North Elmer Avenue • Sayre, PA 18840 • Phone: (570) 888-7135

TROY OFFICE

163 Canton Street • Troy, PA 16947 • Phone: (570) 297-2440

You Are About To Save Some Money!

Thank you for opening your checking account with Guthrie Federal Credit Union. The information in this Switch Kit will make the transition from where your checking account currently is to your new credit union account. If you need any assistance, please give us a call at (570) 888-7135 for our Sayre Office or (570) 297-2440 for our Troy Office.

- To advise any company, business or government agency making direct deposits into your current checking account to begin making them into your credit union checking account, click here www.GuthrieFCU.org.
- To advise anyone who is making automatic withdrawals from your current checking account to begin taking them from your credit union checking account, click here www.GuthrieFCU.org.
- To advise the bank to close your current checking account, click here www.GuthrieFCU.org.
NOTE: Do not close the account until all the checks you have written have cleared and until you confirm any automatic deposits and/or withdrawals have been switched to your credit union account.

Change Notice: Direct Deposit

Print as many copies of this form as needed.

To: _____

Attention: _____

(If you have a contact name, include here.)

Street Address: _____

City: _____ State: _____ Zip: _____

I currently automatically deposit all or part of my:

Social Security Check Retirement Check Payroll Check

Other Check: _____ to the following account: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

My Financial Institution Account Number: _____

Effective immediately discontinue making the deposit into the above referenced financial institution and begin to make the deposit to:

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Sayre, PA 18840
Phone: (570) 888-7135



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163 Canton Street
Troy, PA 16947
Phone: (570) 297-2440

"a place YOU Belong"

Routing Number: 231388494

Account Number: _____

(Enter your Credit Union checking account number.)

If you have any questions, please call me at _____ (daytime) or _____ (evening).

This change is authorized by:

Signature: _____ Date: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Employer ID Number: _____
If required If required

Change Notice: Automatic Withdrawal

Print as many copies of this form as needed.

To: _____
Name of business that makes automatic withdrawal (i.e. car payment, utility bill, etc.)

Attention: _____
(If you have a contact name, include here.)

Street Address: _____

City: _____ State: _____ Zip: _____

You currently automatically withdraw \$ _____ weekly, bi-weekly or
 monthly from the financial institution listed below for my _____
Enter reason here for withdrawal: Auto Loan, Electric, Etc.

My account number with you is: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

My Financial Institution Account Number: _____

Effective immediately discontinue making the withdrawal from the above referenced financial institution and begin making the withdrawal from:

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Troy, PA 16947
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"a place YOU Belong"

Routing Number: 231388494

Account Number: _____
(Enter your Credit Union checking account number.)

If you have any questions, please call me at _____ (daytime) or _____ (evening).

This change is authorized by:

Signature: _____ Date: _____

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Notice To Close Checking Account

Financial Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

To whom it may concern:

Please accept this notice as authorization to close checking account number: _____
and send me a check for the remaining balance to the address below.

If you have any questions you can reach me at my:

Home _____ Work Phone: _____

I verify all outstanding checks and deposits have cleared. I have already made arrangements to switch any automatic deposits and/or withdrawals with this account.

Thank You,

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____
(If Applicable)

This cancellation is authorized by:

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____