



EZ Switch Kit

Account Authorization Services



AUTHORIZATION TO CLOSE ACCOUNT

Please complete and sign to let Community South Credit Union close your account.

Previous Financial Institution _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

This form gives you the authorization to close the account number:

_____ and forward the balance to us at the address provided. Please make the check payable to Community South Credit Union for benefit of (Print Name):

Your prompt attention to this request is appreciated. Thank you.

Signature _____ Date _____

Joint Signature _____ Date _____

Please send check to: **Community South Credit Union**
1044 Hwy. 90 East | Chipley, FL 32428

AUTHORIZATION TO SWITCH DIRECT DEPOSIT

I authorize (Company Information) _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

to accept this signed form to direct my payment/credit to my Community South Credit Union checking/savings account. I understand that it may take up to 30 days to process this request.

Signature _____ Date _____

Joint Signature _____ Date _____

Community South Credit Union

ACH Routing/Transit Number _____

Account Number _____

Distribution:

1. Savings Amount _____

2. Checking Amount _____

AUTOMATIC PAYMENT CHANGE NOTIFICATION

Consult the Automatic Payment Checklist to determine which companies you need to notify that you have switched your checking account to Community South Credit Union. After notification, these companies should establish automatic payments from your new checking account. If you have any questions, please contact Community South Credit Union.

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mortgages | <input type="checkbox"/> Electricity | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Telephone | <input type="checkbox"/> Health Clubs |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Cable | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Charities | <input type="checkbox"/> Cell Phone |

REQUEST MORE INFORMATION

I would like to receive more information about the following credit union products/services:

- | | | |
|---|---|---|
| <input type="checkbox"/> Savings Options | <input type="checkbox"/> Mortgage Programs | <input type="checkbox"/> Auto Loans |
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Home Equity Options | <input type="checkbox"/> Bill Pay |
| <input type="checkbox"/> Visa® Credit Cards | <input type="checkbox"/> Online & Telephone Banking | <input type="checkbox"/> Insurance Programs |

ACCOUNT ACCESS SERVICES

- Order a Visa® Debit Card for me and my joint account holder (Debit Cards are subject to approval)
- Telephone Banking
- Online Banking
- Order my first box of checks with the following information:

Check # to start _____ Box quantity _____

Name 1 _____

Name 2 _____

Address _____

City _____ State _____ Zip _____

BRANCH LOCATIONS

1044 Hwy 90 East Chipley, FL 32428

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1720 S. Waukesha Street Bonifay, FL 32425



www.CommunitySouth.net - 850.683.8376

