It’s EASY to switch your checking account to:

Beacon Community Credit Union

Our goal is to make switching your accounts as quick and easy as possible.

Step One: Gather Information

Review your account statements to identify all forms of automatic payments to and withdrawals from your former account. You may want to review several past statements as some companies may withdraw funds quarterly.

Have your account information on hand:

New Credit Union Name: **Beacon Community Credit Union**

New Routing Number: **283079298**

New Account Number: __________________________

Old Financial Institution Name: __________________________

Old Routing Number: __________________________

Old Account Number: __________________________

(The financial institution’s routing number is the first 9 numbers printed on the bottom of your checks. If you don’t have checks, contact your financial institution.)
Step Two: Transfer Direct Deposits

Direct Deposit makes it possible for your paycheck, Social Security payments, and other checks to be deposited directly into your account(s). Direct deposit ensures your funds are available without making an extra trip into the Credit Union to deposit your checks.

Direct Deposit(s)

_____ Employer Deposit / Paycheck _____ Social Security Benefits
_____ Government Checks / Tax Refund _____ Child Support
_____ Pension Benefits _____ Other: ______________

Complete and mail the Direct Deposit Authorization form to each company or organization that deposits money into your account and notify them of your new account number(s).

For direct deposit of Social Security benefits, call the Social Security Administration at 1-800-772-1213. You will need to provide them with the routing and account numbers associated with your new Beacon Community Credit Union account.

Please note that many companies that make direct deposits to your account may require a voided check. To void a check, simply write VOID in large letters across the entire face of a blank check.
Step Three: Change Automatic Withdrawals

Review past account statements and make a list of all the companies or organizations that are automatically deducting payments from your account. Contact the companies or organizations and notify them of your new Beacon Community Credit Union account.

- Insurance  - Investments  - Internet Services
- Mortgage/Rent  - Auto Loans  - Electric Bill
- Telephone/Cell Phone  - Credit Cards
- Cable/Satellite  - Gas Bill  - Water Bill
- Clubs/Associations  - Other:____________

In many cases you can change your billing information online or by phone. To change automatic payments by mail, use the Authorization to Change Automatic Payment form.

Step Four: Close Your Old Account

Once your last check, automatic withdrawal, and/or automatic payment has cleared, you are ready to close your old account and destroy all remaining checks, ATM/debit cards and deposit slips.

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<th>Outstanding check Payable to</th>
<th>Outstanding Check number</th>
<th>Outstanding Amount</th>
<th>Date Cleared</th>
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<tr>
<th>Financial Institution</th>
<th>Type of Account</th>
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Complete an Authorization to Close Account form to close your old account and have the remaining balance transferred to your Beacon Community Credit Union account. Please let us know if you would like us to assist you with the closing of your old account by notarizing and mailing the form for you.
Beacon Community Credit Union Direct Deposit Authorization

Account Holder Return Address and Daytime Phone Number  Date:_____________________

________________________________________________________________________

________________________________________________________________________

Employer Name and Mailing Address  And Phone Number

________________________________________________________________________

________________________________________________________________________

Dear________________________:

You are currently depositing:  _____My entire paycheck  ______Part of my paycheck $_____(amount)

to the following account:
Financial Institution Name_________________________________________
Routing Number ______________________________________________
Account Number ______________________________________________

Effective______________, please stop making deposits to the above account and instead send them to:
New Credit Union Name:  Beacon Community Credit Union

New Routing Number:  283079298
New Account Number: _______________________________

I hereby authorize my employer or the addressee to initiate entries to my account as indicated above. The authorization is to remain in effect until the company has received written notice from me. I understand I am responsible for the validity of the information on this form.

Signature____________________________________  Date___________________

I have included the following information you may need to process this request:

_____My social security number____________________

_____ A voided check
Dear ______________________:

My account number with your company is ___________________. You are currently withdrawing $__________ (amount) to pay for __________________ on __________ (date) from the following account:

Financial Institution Name_________________________________________
Routing Number ______________________________________________
Account Number ______________________________________________

Effective __________, please stop making withdrawals to the above account and instead please start making automatic withdrawals from my new account:

New Credit Union Name: Beacon Community Credit Union

New Routing Number: 283079298

New Account Number: _______________________________

Signature____________________________________  Date___________________

I have included the following information you may need to process this request:

_____ My social security number____________________

_____ A voided check
Beacon Community Credit Union Cancel Automatic Payment Form

Account Holder Return Address and Daytime Phone Number

Date:________________________

______________________________________________
______________________________________________
______________________________________________
______________________________________________

Business Name, Mailing Address And Phone Number

______________________________________________
______________________________________________
______________________________________________
______________________________________________

Dear________________________:

My account number with your company is ____________________. You are currently withdrawing $__________ (amount) to pay for _________________ on __________________ (date) from the following account:

Financial Institution Name_________________________________________
Routing Number ______________________________________________
Account Number ______________________________________________

Effective______________, please stop making withdrawals to the above account. Please cancel all automatic withdrawals. I will use bill pay or send you a check for future payments.

Please contact me at the above phone number if you have any questions regarding this request.

Signature____________________________________  Date___________________
Authorization to Close Account Form

Account Holder Return Address and Daytime Phone Number
____________________________
____________________________
____________________________
____________________________

Financial Institution Name, Mailing Address And Phone Number
____________________________
____________________________
____________________________
____________________________

To Whom it My Concern:

Effective__________ , please close my account:

Account number(s):_____________________________
Account name_________________________________

Please send my remaining balance:
____ to me at the address above
____ to Beacon Community Credit Union at the address below;

New Credit Union Name: Beacon Community Credit Union
7910 National Turnpike
Louisville, Kentucky  40214
(502) 366-6022

New Routing Number: 283079298
New Account Number: _______________________________

Please contact me at the above phone number if you have any questions regarding this request.

Signature________________________________ Date____________________
Print Name_______________________________

Signed before me, a Notary Public, this______ day of ____________________, 20____.
Notary Signature__________________________  Date____________________
My Commission Expires:_____________________________