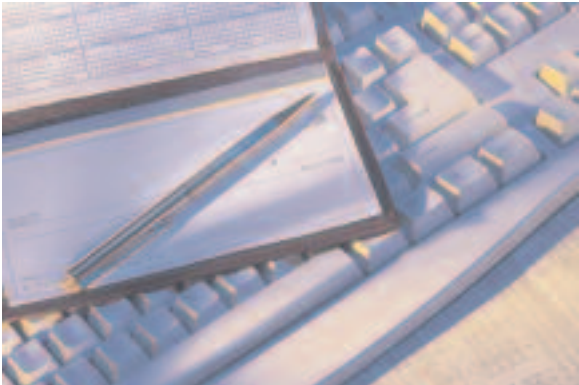


# Make the switch to LSRFCU

If the only reason you haven't opened a Leatherstocking Region FCU checking account is because it's a hassle to close your old one, our hassle-free Switch Kit has been designed to make the switch simple and convenient. You may apply for a Visa® Check Card, transfer your direct deposit, automatic withdrawals like health club memberships, and close your checking account... all with this kit. Just complete the short forms on the inside, send them to us and we'll do the rest.



### Here's how you do it ...

#### 1. Open a Leatherstocking Region FCU Checking Account

Apply for your Leatherstocking Region FCU checking account. Once we receive the completed New Account Application, we'll process it and if accepted, send you a welcome letter with your account information and applicable disclosures. (You will need to open a savings account with us first if you don't already have one.)

#### 2. Pocket a check card (debit card)

Complete the application for your Visa Check Card. Once we receive the application, we will process it, and if accepted, send you a card and the Electronic Funds Transfer and Cardholder Agreement and Disclosures.

#### 3. & 4. Transfer your direct deposit and change your automatic withdrawals

Complete the Direct Deposit and Automatic Withdrawal forms. We will mail the Direct Deposit form to the company or organization that is automatically depositing funds into your existing checking account. We'll also mail the Automatic Withdrawal form to all companies or organizations like health clubs that are taking withdrawals from your existing account. Write your new account number on the forms. You may make additional copies of these forms if necessary.

#### 5. Close down your old checking account

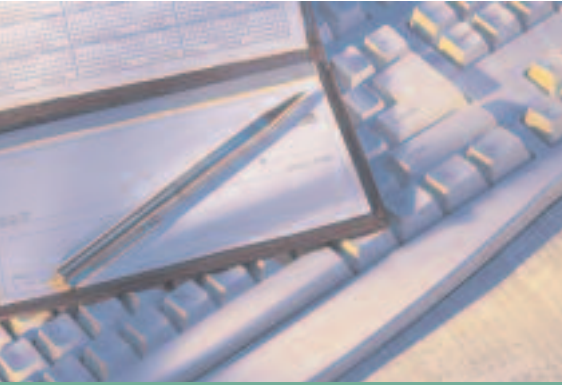
Once your direct deposit and/or automatic withdrawals start coming to your new Leatherstocking Region FCU checking account, and you know all your checks have cleared your old checking account, mail the Closure Request to your previous institution and any remaining balance will be sent to your new checking account.

#### Questions:

If you have any questions about moving your account to Leatherstocking Region FCU, please call us at 1-607-547-5700 or 1-877-378-6466.



Leatherstocking Region  
Federal Credit Union  
24 Glen Avenue  
Cooperstown, NY 13326  
Phone: 607-547-5700 / 877-378-6466  
Fax: 607-547-8749  
Web Site: [www.lsrfcu.org](http://www.lsrfcu.org)  
E-mail: [info@lsrfcu.org](mailto:info@lsrfcu.org)



Place in an envelope and mail to:

Leatherstocking Region  
Federal Credit Union  
24 Glen Avenue  
Cooperstown, NY 13326



# Switch Kit

Hassle free guide to great checking



**1. Open a LSRFCU Checking Account**

You must be a current credit union member to open this account through the mail or via the Internet.

Account Holder Name	
Social Security #	Date of Birth
Address	
City, State, Zip	
Telephone Number	Email Address
Joint Owner Name	
Social Security #	Date of Birth
Address	
City, State, Zip	
Telephone Number	Email Address

Please open a checking account for me at Leatherstocking Region Credit Union.

Please send the following information to me *(check if desired)*:

Overdraft protection (for checking)

Online Account Access<sup>SM</sup>

Bill Payer

CUe-Statement<sup>SM</sup> (statements via the Internet)

*X* \_\_\_\_\_ Date  
Account Holder Signature

*X* \_\_\_\_\_ Date  
Joint Owner Signature

I/We hereby consent to the necessary credit investigation in connection with the application and grant permission for its reproduction. I/We warrant that all information is true and complete.

**2. Pocket a Check Card (Debit Card)**

Account Holder Name	
Social Security #	
Mother's Maiden Name	
Joint Owner Name	
Social Security Number	
Mother's Maiden Name	
Address	
City, State, Zip	
Home Phone	Date of Birth
<b>Business Information</b>	
Employed By	
Position	Business Number
Address	
City, State, Zip	
(For Internal Use Only)	

Credit Union Checking Account # \_\_\_\_\_

I/We hereby apply for a Visa Check Card. I/We understand that if this application is approved, the Credit Union will send me/us the Electronic Funds Transfer and Cardholder Agreement and Disclosures which govern the use of the Visa Check Card. By using the Visa Check Card issued by the Credit Union upon approval of this application, I/We signify our Agreement to be bound by the terms of the Electronic Funds Transfer and Cardholder Agreement and Disclosures.

*X* \_\_\_\_\_ Date  
Account Holder Signature

*X* \_\_\_\_\_ Date  
Joint Owner Signature

***In order to issue a card to either signer of a joint account, both owners must sign.***

**3. Transfer Your Direct Deposit**

You may be required to complete an additional form from your company or organization.

Name	
Daytime Phone #	
Name of Payer (employer, investment company, etc.)	
Address	
City, State, Zip	

**Previous financial institution direct deposit was sent to:**

Name of Institution	Type of Account
Address	
City, State, Zip	

**New Financial Institution Information:**  
Leatherstocking Region Federal Credit Union  
24 Glen Avenue  
Cooperstown, NY 13326  
ROUTING #221382167

Credit Union Checking Account # \_\_\_\_\_

Deposit Amount:  Full  Partial \$ \_\_\_\_\_.

**Direct Deposit Change ONLY**  
I hereby authorize my direct deposit to be sent to my Leatherstocking Region Federal Credit Union checking account and my previous institution notified.

Please make this effective \_\_\_\_\_ (date).

*X* \_\_\_\_\_ Date  
Signature (make additional copies if necessary)

**4. Change Your Automatic Withdrawals**

(preauthorized withdrawals, like health club memberships)

Name	
Daytime Phone #	
Company to Receive Withdrawal	
Address	
City, State, Zip	

**Previous financial institution with automatic withdrawals:**

Name of Institution	Type of Account
Address	
City, State, Zip	

Amount of Withdrawal \_\_\_\_\_

**New Financial Institution Information:**  
Leatherstocking Region Federal Credit Union  
24 Glen Avenue  
Cooperstown, NY 13326  
ROUTING #221382167

Credit Union Checking Account # \_\_\_\_\_

**Automatic Withdrawal Change ONLY**  
I hereby authorize you to redirect future preauthorized automatic withdrawals from my Leatherstocking Region Federal Credit Union checking account. Please make this effective \_\_\_\_\_(date). I will review all transfers when completed.

*X* \_\_\_\_\_ Date  
Signature (make additional copies if necessary)

**5. Close Your Old Checking Account**

**(Forward to previous financial institution)**

Account Holder Name	
Social Security #	Daytime Phone #
Joint Owner Name	

**Previous financial institution with checking account**

Name of Institution	Account
Address	
City, State, ZIP	

Checking Account # \_\_\_\_\_

Please Make Checks Payable to \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

**For Deposit Only to:** \_\_\_\_\_

New Credit Union Checking Account Number \_\_\_\_\_

**Mail to:**  
Leatherstocking Region Federal Credit Union  
24 Glen Avenue  
Cooperstown, NY 13326  
ROUTING #221382167

**IMPORTANT:** Please read.  
I hereby authorize the closure of my checking account and the forwarding of funds to Leatherstocking Region Federal Credit Union. I certify that all my checks have cleared the account to be closed and all direct deposits and automatic withdrawals have been stopped.

*X* \_\_\_\_\_ Date  
Account Holder Signature

*X* \_\_\_\_\_ Date  
Joint Owner Signature

detach and forward to previous financial institution