

**With our simple *Switch Kit*, we take the worry out of changing financial institutions.**

Moving your accounts to Illinois Community Credit Union is fast, convenient, and easy.

Complete the requested information regarding your new and current checking accounts, direct deposits, payroll, retirement, social security and any automatic payments you may have. Then mail all completed forms directly to your previous Financial Institution.

**Complete the following forms:**

1. **Authorization to Transfer Funds:** Transfer a part or all of your balances from your old financial institution.
2. **Direct Deposit Request:** This form authorizes your employer to deposit the amounts you indicate into your Illinois Community Credit Union account.

Make sure all outstanding checks and automatic withdrawals have cleared your current account, then destroy all old checks, deposit tickets, ATM and debit cards.

If at any time, you have questions regarding your account, please feel free to contact us by mail at the address listed below, by phone (815) 895-4541, or by email [SupportServices@myICCU.org](mailto:SupportServices@myICCU.org). Please be sure NOT to include any sensitive or private information in the email.

Illinois Community Credit Union  
Attn: Support Services  
508 W. State Street  
Sycamore, IL 60178



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(815) 895-4541  
myICCU.org

ICCU SwitchKit

Switch your accounts  
easily to ICCU!

## Direct Deposit Request

Date: \_\_\_\_\_ Employee # \_\_\_\_\_

Employee Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

## New Financial Institution

**Illinois Community Credit Union**  
**508 W. State Street**  
**Sycamore, IL 60178**

ICCU Routing Number: **271989714**

ICCU Member Number: \_\_\_\_\_

Payroll Number: \_\_\_\_\_ Effective Deposit Start Date: \_\_\_\_\_

Checking     Savings     Net Check     \$ \_\_\_\_\_

Weekly     Bi-Weekly     Monthly     Semi-Monthly

I hereby authorize and request the employer (named above) to deposit the above indicated amounts into my listed account at Illinois Community Credit Union for each payroll period following receipt of this authorization until further notice from me. If this is a change in a previous authorization, I instruct my employer to cancel my previous authorization and to follow this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer may require you to complete their own Direct Deposit form and/or include a voided check for the account funds will be deposited in.