



Three easy steps to switch your accounts to Group Health Credit Union!

Step 1: Open your GHCU checking account.

Just call (206-298-9394 or 800-562-551) or visit a branch today to learn about the many options available to you.

Step 2: Transfer automatic deposits and withdrawals.

- **Automatic deposits:** If your employer offers direct deposit, fill out the Payroll Direct Deposit Change Form below and take it to your payroll department. For Social Security payments you can call them at 1-800-772-1213 and tell them you want your direct deposit to go to GHCU.
- **Automatic withdrawals:** If you have any automatic withdrawals to your account including those made through your debit card or online bill payer, be sure to let the payee know that you have a new checking account with GHCU. Just use the Automatic Withdrawal Change Form below. You can sign up for My Bills, GHCU's online bill payer at ghcu.org.

Step 3: Close your old account.

Let your old financial institution know that you want to close your old account by using the letter of closure below, just make sure that all outstanding checks and automatic withdrawals have time to clear before closing.

Feel free to photocopy the forms below if you need more!



Payroll Direct Deposit Change Form

Fill out this form and bring to your employers payroll office.

Member Information

Member Name

Street Address

City, State, ZIP

Phone (home)

(daytime)

Please automatically deposit to:

Account type: Checking Savings

GHCU Account #

GHCU Routing #: 325081610

Payroll

Employer Name

Mailing Address

City, State, ZIP

Member Signature

Date



Automatic Withdrawal Change Form

Name of the company that makes automatic withdrawals (originating company)

Address

City, State, ZIP

To (Originating Company) _____

Regarding my account# _____ with you.

You are currently debiting my Checking Savings Visa

Account # _____

At financial institution _____

Effective _____, please cancel the above transaction and begin debiting my account at **GHCU**.

Account # _____

Withdrawal from: Checking Savings Visa _____
(Expiration date)

GHCU Routing#: 325081610

If you have any questions about this request, please contact me at:

Phone #: _____

Signature _____

Name _____

Date _____

Address _____

City, State, ZIP _____

Mail the completed form to the company listed above.



Letter of closure

Date

Bank or Credit Union's name

Address

City, State, Zip

To Whom it May Concern:

Please accept this letter as authorization to close my account # _____ with
_____ effective _____.
(name of financial institution) (date)

All remaining funds on deposit should be forwarded to:

GHCU
P. O. Box 19340
Seattle, Washington 98109-1340

Please advise Group Health Credit Union to deposit the funds into my account.

My GHCU account number is _____
 Checking Savings

Thank you – your assistance in this matter is appreciated.

Sincerely,

Signature

Date

Print Name

Address

City, State, Zip

Mail the completed form to your old financial institution listed above.