



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 GHCU's online bill payer at ghcu.org.

Step 3: Close your old account.

Let your former 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

From: _____
(name)

(street address)

(city, state, zip

Social Security number

Dear Employer,

I have established a new checking or savings account at Group Health Credit Union (GHCU). Please establish payroll direct deposit to my new GHCU account(s): the necessary account and routing numbers are listed below:

I currently have automatic direct deposit with another financial institution which I wish to discontinue and change to Group Health Credit Union.

Please discontinue sending my automatic direct deposit to account# _____ (checking) and/or account# _____ (savings) with _____.
(former financial institution)

Please begin sending my deposit(s) to Group Health Credit Union. GHCU's routing information is:

Group Health Credit Union
PO Box 19340
Seattle, WA 98109
Routing Number: 325081610

I do not currently have direct deposit. Please establish my direct deposit at GHCU.

Deposit Instructions:

Deposit entire amount to account number _____.

Deposit \$ _____ to account number _____ and the remainder to account number _____.

I authorize:

- Above listed entity to initiate deposit of my funds to my GHCU checking or savings account
- GHCU to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation.

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: _____

Former 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 former 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: _____

Name (please print): _____

Address: _____

City, State, Zip: _____

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