Switch Kit.

Welcome to Expedition Credit Union! Start your journey here.

You're just three steps away from discovering a new financial future at Expedition CU. Let's get you on the right path with this guide for switching your accounts.



Open your new account.

Apply for membership at www.expeditioncu.com in minutes or visit a branch to open your new Expedition CU account(s).



Once your account is open...

Switch your direct deposits and automatic withdrawals. If you have any automatic transactions, use the provided forms to seamlessly move them over to Expedition CU.



Close your old account.

Now you're ready to complete the change. Simply fill out the provided form to close your old account. Any remaining account balance can be transferred to Expedition CU.





Direct Deposit Authorization.

Use this form to authorize your employer, retirement & pension funds, or any other agency to deposit your payment directly into your Expedition Credit Union account. Use one form for each direct deposit.

You can use your computer to fill out this form, or you can print the form first and complete it by hand.

Notification of Direct Deposit Authorization Change						
Company or Employer:						
Address:						
City, State, Zip:						
Phone Number:						
Employee ID:						
Effective immediately, please deposit the net amount of my check to my Expedition Credit Union account. I authorize to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing. Place an X next to your desired option. Net amount to Expedition Credit Union CHECKING						
Account #	expedition credit officing		296076084			
amount to Expe	dition Credit Union SAVIN	NGS Account #				
Routing #			296076084			
Signature:		D	Pate:			
Name:						
Address:						
City, State, Zip:						
Phone Number:						

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits. Payroll Investments Retirement Plans Social Security

Social Security Deposits:

Visit:

www.ssa.gov/deposit/howtosign.htm

Call:

1-800-772-1213 TTY 1-800-325-0778

Teacher's Retirement Association (TRA) Deposits:

/isit:

https://www.minnesotatra.org/formspub/eeforms.html

Call:

1-800-657-3669 TTY 1-800-627-3529





Automatic Withdrawal Authorization.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies make it easy to change your account on their website.

You can use your computer to fill out this form, or you can print the form first and complete it by hand.

Notification of Withdrawal Authorization Change						
Name of Company:						
Account Number:						
Payment Amount:						
Address:						
City, State, Zip						
Phone Number:						
Please change my automatic withdrawal from the following account:						
Financial Institution:						
Account #		Routing #				
Checki	your desired option. ng Account Savings Account automatic withdrawals from the following account:					
Financial Institution:						
Account #	Expedition create	Routing #	296076084			
	your desired option.	Routing "	290070084			
	ng Account	Savings Ac	Savings Account			
This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.						
Signature:			Date:			
Name:						
Address:						
City, State, Zip:						
Phone Number:						

Automatic Withdrawal Checklist:						
Use this list to remember all your automatic payments you need to transfer. Listed below are some of the most commonly used automatic payments. There is also a few spaces to add your own.						
		Home Mortgage				
		Auto Loans				
		Utilities				
		Insurance				
		Cable/Internet				
		Gym/Club Memberships				
		Credit Cards				
		Subscriptions				
		Charity Donations				
		Investments				





Account Closure Authorization.

You can authorize your remaining balance to be deposited automatically to your new Expedition CU account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization						
To Whom It May Concer	n:					
Financial Institution:						
Address:						
City, State, Zip						
Please close my account	t :					
Account Number:	Primary Owner:					
Address:						
City, State, Zip						
Please send the remaini	ng balance to:					
Place an X next to your desire	ed option.					
Please deposit di	rectly to my acco	ount at E	xpedition C	redit Union.		
Account #			Routing #	296076084		
	Place an X next to your desired option.					
Checking	g Account	Savings Account		count		
Please forward m	e a check to my	address	listed belov	٧.		
Primary Signature:				Date:		
Joint Signature:						
Name:						
Address:						
City, State, Zip:						
Phone Number:						

Congratulations!

You've come to the finish line and gotten through the hard part. By submitting these forms, you've completed your journey to experience the difference of banking with a local credit union that cares.

We're here to get you where you want to go. And further. Welcome to Expedition Credit Union!



