



switch kit

HERE'S THE DEAL:

you're fed up with your current bank...

... but moving your accounts and all your automatic deposits and withdrawals is just too daunting. Not anymore! We make it easy with our Switch Kit.

This free service enables you to close an account with one institution and transfer the funds to your already established account at Skyla. It also provides an easy way to switch direct deposits and automatic withdrawals.

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What's the Process?

1. OPEN YOUR NEW SKYLA ACCOUNT

Simply apply online or stop by any of our conveniently located branch location to open. Make sure to enroll in Digital Banking to make the switch super seamless!

2. MAKE A LIST OF AUTOMATIC PAYMENTS & DIRECT DEPOSITS

Review your current checking account statements and make a list of all recurring payments and direct deposits. Use the checklist on Page 4 to keep track of everything.



QUICK TIP: Print or download the last 2 - 3 months of your transaction history and highlight all of the recurring payments you see get drafted.

3. UPDATE YOUR PAYMENT METHODS

- Start with changing your Direct Deposit to begin funding your Skyla account. Depending on your payroll provider, it may take 1 – 2 pay cycles to update.
- Once you have funds in this account, then you should begin transferring your automatic payments based on due dates, switch your automatic payments and transfers.



QUICK TIP: Keep enough money in your previously linked account during this process to make sure bills are paid on time since each company has a different timeline to withdraw payments.

- Check your list from Page 6 to make sure all your recurring payments have transferred over to your Skyla account.

4. TRANSFER THE REST OF YOUR FUNDS

Move the remaining balance from your old account to Skyla. Ensure you leave enough money in the old account to cover any pending transactions or checks that have not yet cleared!

5. CLOSE YOUR ACCOUNT


Once all transactions have cleared and you've successfully transferred your funds, contact your old bank or credit union to close your account. Request a written confirmation of the account closure for your records.

How to Set Up Your Direct Deposit

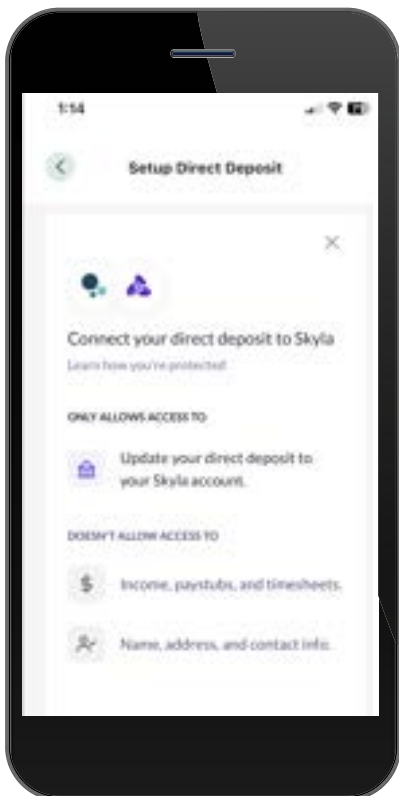
There are two easy ways to set up direct deposit to your Skyla Checking or Savings Account:

1. contact your payroll provider

Complete the form on Page 4 and provide it to your HR department. You may also want to use this form to provide to any Pension or Investment Income services you're linked to.

 **QUICK TIP:** You'll need your Skyla Checking or Savings **Account Number** and Skyla's Routing Number (**#253075028**) handy for this.

2. easily set it up in digital banking



STEP 1

Log in to Digital Banking and select **Set Up Direct Deposit** under the **Transfer & Pay** tab.

STEP 2

Select the **Skyla account** you want your paycheck deposited into.

STEP 3

Search for your employer or payroll provider in the portal, or manually enter your information. (*Psst..* make sure to use your **current payroll credentials** to sign in to connect your paycheck.)

STEP 4

Confirm the Skyla account and desired percentage of payment (if allowed by your employer). Then, sit back and relax while the connection is made! Once completed, your deposits should begin within **1 - 2 payment cycles**.

visit the **Direct Deposit page at skylacu.com** for details & faqs!



Direct Deposit Form

Skyla Credit Union does not require members to use deposit slips for deposits to their accounts. We ask that you accept this form as verification of the member's account with us. Please give us a call at **704.375.0183** if you require any further verification.

MEMBER'S FULL NAME: _____

SKYLA'S ROUTING NUMBER: #253075028

ACCOUNT NUMBER FOR DEPOSITS: _____

AMOUNT FOR DEPOSIT (CIRCLE ONE) Full Pay Partial \$ _____

MEMBER'S SIGNATURE

DATE

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

United States Treasury <small>15-51 000</small>		AUSTIN, TEXAS	Check No. 0000 415785						
	<table border="1" style="font-size: small;"> <tr><td>Month</td><td>Day</td><td>Year</td></tr> <tr><td>08</td><td>31</td><td>84</td></tr> </table>	Month	Day	Year	08	31	84	00 (C)	28 28
Month	Day	Year							
08	31	84							
Pay to the order of	(A)		(F)						
		DOLLARS	CTS						
		\$****100	00						
NOT NEGOTIABLE									
⑈00000518⑈ 041571926⑈									

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



Automatic Withdrawal Authorization Change

This form serves as notification to change instructions for the automatic withdrawal to my new Skyla Federal Credit Union account.

Member Name: _____

Member Address: _____

Payee Name: _____

Payee Address: _____

Payee Account Number: _____

Effective Date: _____

Financial Institution: Skyla Federal Credit Union

Routing Number: #253075028

Method of Payment: _____

Account Number (13 digits) _____

Card Number: _____ CVV _____

MEMBER'S SIGNATURE

DATE



Authorization to Close Account

Financial Institution Name: _____

Financial Institution Address: _____

Please accept this letter as authorization to close the account(s) listed below; please remit any remaining balances and any accrued interest to Skyla Federal Credit Union for the benefit of:

Member Name: _____

Member Account Number: _____

Immediately close and transfer the balances in the following account(s):

Account Number	Account Type
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the closing of the account(s) and the transfer of funds. Thank you for your immediate assistance.

MEMBER'S SIGNATURE

DATE



Complete Switch Checklist

payee

amount

due date

mortgage / rent

electric

cable / internet

water

phone

car payment


auto insurance

gym membership

home security

daycare

student loan

 *Psst...* Check this box when you confirm payment is being made through your new Skyla account

QUICK TIP: Keep enough money in your previously linked account during this process to make sure bills are paid on time since each company has a different timeline to withdraw payments.