

Switch Kit

We're excited you're making the switch to Madison Credit Union! Follow this guide for a seamless transition.

1.	 After you've opened your new MCU savings and checking accounts, switch your direct deposits to your MCU accounts. Use one Direct Deposit Transfer Request Form for each depositor. 			
	□ Direct Deposits (Employer)□ Retirement or Pension Plan De□ Government Direct Deposits (\$\frac{1}{2}\$)			
2.	If you currently have automatic postop payments from the old account. For many merchelectronically by logging in to Automatic Payment Request Form	count and direct new nants/payees, the cho their website. Altern	payments from your ange can be made ately, complete the	
	 ☐ Mortgage Payment(s) ☐ Insurance Premium Payment(s) ☐ Gas/Electric Company ☐ Water Company ☐ Telephone Company ☐ Internet Service Provider ☐ Cable Service Provide ☐ Cellular Phone Company ☐ Credit Card Company ☐ Charitable Donations 	;)		
3.	Close your old account. Once withdrawals have cleared your transactions, close your old account mail it to your old financial institutions.	old account, and thunt. Complete the Clo	neir are no pending	
4.	If you need help or have question 608-266-4750.	s, don't hesitate to co	ntact us at	
Madison Cr	redit Union Routing Number: 27597872	1		
Your MCU A	Account Number:	Savings Suffix:	Checking Suffix:	



Direct Deposit Transfer Request Form

Date:			
To:	Employer/Depositor Name		
	Address		
	City, State, Zip		
To Who	om It May Concern:		
You are	currently electronically depositin	g funds to the following acc	ount:
	Financial Institution Routing Number Account Number		
Please s	top depositing to the above accou	ınt and begin depositing to 1	the account listed below:
	Madison Credit Un Financial Institution 275978721 Routing Number		
	Account Number:	3-Digit Suffix	
		Thank-you,	
		Signature	
		Name (Please Print)	
		Address	
		City, State, Zip	
		Phone	

^{*}Remember to include a voided check with your request and mail/deliver to your employer/depsitor for processing



Automatic Payment Request Form

Date:			
To:	nant/Payee Name		
Addre	ss		
City, S	tate, Zip		
To Whom It N	May Concern:		
You are curren listed below:	ation	cally withdraw my payment	each month from the account
	Financial Institution Routing Number Account Number		
Please stop with the account list		account effective immediatel	y and begin to withdraw from
	Madison Credit U	nion	
	Financial Institution		
	275978721		
	Financial Institution 275978721 Routing Number		
	Account Number:	3-Digit Suffix	
		Thank-you,	
		Signature	
		Name (Please Print)	
		Address	
		City, State, Zip	
		Discuss	

^{*}Remember to include a voided check with your request and mail/deliver to the merchant/payee for processing



Close Account Form

Date:		
То:	Employer/Depositor Name	
	Address	
	City, State, Zip	
To Wh	nom It May Concern:	
Please o	close my account, number	, and forward the funds remaining to
		E. Washington Ave., Madison, WI 53703.
	Madison Credit Union Financial Institution 275978721 Routing Number Account Number	☐ Checking Account ☐ Savings Account
		Thank-you,
		Signature
		Name (Please Print)
		Name (rieuse riiii)
		Address
		City, State, Zip
		Joint Owner Signature (if applicable)
		Joint Owner Name (Please Print)
		Date

^{*}Be sure to leave sufficient funds in your account long enough for outstanding checks and automatic withdrawals to clear. Once all transactions have posted, mail or deliver this form to your old financial institution.