



29 Emmons Drive, Suite C-40, Princeton, NJ 08540
609-951-0700 • toll free: 800-624-3312 • Fax: 609-275-4194 • www.hefcu.com

SWITCH KIT

Date: _____

To: _____
Former Financial Institution

Street Address _____ City _____ State _____ Zip _____

From: _____
Name(s) on Account

Name(s) on Account

Street Address

City, State, Zip _____ Home Phone _____

RE: Notification to Close Financial Institution Account:

Please accept this letter as authorization to close my account with your institution. Please be advised that effective immediately, I/we would like to close the account(s) listed below.

I have verified that all of my checks have cleared and all direct deposits and automatic payments and electronic debits and credits have been stopped. Listed below you will find my personal information and the account(s) to be closed:

Name: _____

Closing Account # _____

Please process this request and forward any remaining funds in the above account(s) by check or ACH to:
Healthcare Employees Federal Credit Union
29 Emmons Drive, Suite C-40, Princeton, NJ 08540
Attn: Member Services/Switch Kit
Routing #: 231288811
HEFCU Account #: _____

Thank you for your prompt attention to this request.

Member's Name: _____
(Print Full Name)

Members Signature: _____ Date: _____

Joint Member's Name: _____
(Print Full Name)

MEMBER CHECK LIST:

(detach this portion and retain for your records)

- ✓ Verify with your current bank/financial institution that no additional forms are required to close the account
- ✓ Ensure all outstanding accounts checks have cleared your current checking account
- ✓ Ensure all electronic credits and/or debits/payments have been transferred to your new account
- ✓ Inquire about any possible penalties with respect to early withdrawals before you close your current account. (In case of certificate of deposits (CDs), it is important to verify maturity dates)
- ✓ Verify that Healthcare Employees Federal Credit Union received your funds before writing out any checks