Make the switch and get the attention you deserve!

We appreciate your business and want to make your transition to State Employees Credit Union as easy and seamless as possible. We will gladly assist you with the three easy steps outlined below to switch your accounts to our member-focused Credit Union. If you need any assistance, you can visit us at one of our branches or give us a call at 800-983-7328 or 983-7328 in Santa Fe.

State Employees Credit Union has been serving the families of New Mexico since 1958 and we know you'll be glad you made the switch!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new State Employees Credit Union account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to State Employees Credit Union.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to State Employees Credit Union.







Page 2 of 4

Direct Deposit Authorization

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

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

Notification of D	irect Deposit Authorization C	hange
Company or Employer:		
Address:		
City, State, Zip:		
Phone Number:		
Employee ID: (if applicable)		
Effective immediately, p	lease deposit the net amount of my check to	o my State Employees
Credit Union account. I	authorize (name of depositor)	
to automatically deposit	funds into the account below. This authoriz	ation shall remain in
place until I have submit	tted a new authorization, or until this author	rization is changed or
revoked by me in writing		
Place an X next to your de	esired option.	
Net amount	to State Employees Credit Union CHECKIN	IG
Account #	Routing #	307084431
Net amount	to State Employees Credit Union SAVINGS	
Account #	Routing #	307084431
Signature:	1	Date:
Name:		
Address:		
City, State, Zip:		
Phone Number:		

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

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Investment	

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____ Social Security







Automatic Withdrawal AuthorizationPage 3 of 4

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

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 and agencies make it easy to change your account on record online on their website.

Notification of \	Withdrawal Authorization	Cha	nge
Name of Company:			
Account Number:			
Payment Amount:			
Address:			
City, State, Zip:			
Phone Number:			
Please change my autor	matic withdrawal from the following ac	count:	
Account #	Bank Rout	ing #	
Please make all future a	automatic withdrawals from the following	ng acco	ount:
Financial Institution:	State Employees Credit Union		
Account #	Bank Rout	ing #	307084431
Thank you very much).		
	nain in effect until I have submitted to yo me in writing that this authorization has		
Signature:		D	Pate:
Name:			
Address:			
City, State, Zip:			
Phone Number:			

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

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Utilities				
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Account Closure Authorization

Page 4 of 4

You can authorize your remaining balance to be deposited automatically to your new State Employees Credit Union 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 Conce	ern:					
Financial Institution:						
Address:						
City, State, Zip:						
Please close my accou	nt:					
Account Number:	Primary Owner:					
Address:						
City, State, Zip:						
Account # Please forwa						
Primary Signature:	Date:					
Joint Signature:						
Name:						
Address:						
City, State, Zip:						
Phone Number:						

Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to State Employees Credit Union!





