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.







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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	on of Dir	rect Deposit Autl	horization Cha	ange
Company or	Employer:			
Address:				
City, State, Zi	p:			
Phone Numb	per:			
Employee ID: (if applicable)				
Effective imm	ediately, pl	lease deposit the net ar	mount of my check	to my State Employees
Credit Union a	account. I a	authorize (name of depo	ositor)	
to automatica	lly deposit	funds into the account	below. This authorize	zation shall remain in
place until I h	ave submit	tted a new authorization	n, or until this autho	rization is changed or
revoked by me	e in writing			
Place an X next	to your desi	red option.		
N	let amount	to State Employees Cred	it Union CHECKING	
	Account #		Routing #	307084431
N	lot amount	ta Stata Employeas Crad	it I Inion CAV/INICC	
	Account #	to State Employees Cred	Routing #	307084431
	riccourte ii		rtouting "	30700-131
Signature:				Date:
Name:				
Address:				
Address:				
City, State, Zip	p:			
Phone Numb	er:			

Direct Deposit Checklist:

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

Day	/rol
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Automatic Withdrawal 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 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 V	Vithdrawal Autho	orization Chan	ige
Name of Company:			
Account Number:			
Payment Amount:			
Address:			
City, State, Zip:			
Phone Number:			
Please change my auto	omatic withdrawal from th	ne following account:	
Account #		Pank Pouting #	
Account #		Bank Routing #	
Please make all future a	automatic withdrawals fro	om the following acc	ount:
Financial Institution:	State Employees Cred	it Union	
Account #		Bank Routing #	307084431
Thank you very much	า.		
	nain in effect until I have subr me in writing that this autho	•	
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. These are some of the most commonly used automatic payments.

omo	Mortgage
	IVIUILEAEC

	Loar	

	ш	E	7	Ш	tı	les
	u	Д	ı	ш	ш	\Box

____ Insurance

___ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

Investments

____ Subscriptions

___ Charity Donations







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	rn:			
Financial Institution:				
Address:				
City, State, Zip:				
Please close my accoun	t:			
Account Number:	Primary Owner:			
Address:				
City, State, Zip:				
Account # Please forwa	sired option. sit directly to my new account at State Employees Credit Union. Routing # 307084431 ard me a check to my address listed below.			
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!





