

Pelican Switch Kit



Welcome to Pelican State Credit Union!

To help make the transition to your new Pelican State Credit Union checking account, the checklist below will guide you through the “switch” from your current account to your Pelican State account.

1. BALANCE YOUR CURRENT ACCOUNT FORM

Fill out this form to determine the ending balance in your current checking account. Then, use your ending balance total to write your check for your opening deposit.

2. DIRECT DEPOSIT AND AUTOMATIC PAYMENT SWITCH FORM

Do you have direct deposit transactions or automatic payments made to your current checking account? If so, complete the enclosed Switch form to redirect them to Pelican State.

3. CLOSE ACCOUNT FORM

Completion of this form is authorization for your existing checking account to be closed. Send the completed form to your current financial institution.

If you have any questions regarding these forms, please contact Pelican State Credit Union at 1-800-351-4877 ext. 94506 or 1-225-408-6100.

Balance Your Account Form



Pelican State
credit union
 Your Credit Union of Choice SM

Use the worksheet below to balance your checkbook register using your most recent bank statement. If necessary, call your current financial institution to double-check your figures.

1 st - Enter the current balance on your most recent checking statement.	\$ _____
2 nd - Enter deposits that do not appear on your statement (include interest earned, ATM deposits, online transfers and direct deposits)	+\$ _____
	+\$ _____
	+\$ _____
	+\$ _____
	+\$ _____
3 rd - Subtotal by adding the 1 st and 2 nd steps	=\$ _____
4 th - Outstanding checks, transfers and withdrawals that do not appear on your statement (include online transactions, debit card and ATM transactions, automatic debits, fees)	-\$ _____
	-\$ _____
	-\$ _____
	-\$ _____
	-\$ _____
	-\$ _____
	-\$ _____
5 th - Subtract the 4 th step from the 3 rd step. This should match your checkbook register balance. Then, write your check for this amount and use as your opening deposit.	=\$ _____

Use the following checklist to ensure all account activity is considered when closing your existing account and moving your activity to your Pelican State Credit Union account.

Automatic Deposits:

- | | |
|------------------------------------|---|
| Government deposits | Brokerage deposits such as dividend and interest payments |
| Transfers from other bank accounts | Other |

Automatic Payments:

- | | |
|-----------------------|--|
| Utility payments | Internet provider access |
| Insurance payments | Loan payments |
| Brokerage investments | Account transfers to other bank accounts |
| Other | |

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Direct Deposit & Automatic Payment



Use this form to notify companies you currently authorize to make automatic payments from, or direct deposits to, your checking account. This form will notify these companies to redirect that activity to your new Pelican State Credit Union account. Please make copies of this form to provide to multiple organizations.

Note: If Social Security benefits are currently received, please contact the Social Security Administration to have deposit re-directed. The Web site for the SSA is www.ssa.gov. The national telephone number is 1-800-772-1213 and the number for the hearing impaired is 1-800-325-0778. A PSCU representative will be glad to assist you.

Please complete, sign and submit this form to the appropriate organization.

To Information	From Information
Company Name	Member Name
Company Address	Member Address
City, State, ZIP Code	City, State, ZIP Code
Account Number	E-mail Address

Please direct my: Direct Deposit Automatic payment

Effective: Immediately Beginning ___/___/___

New Pelican State Credit Union Account Information	
Pelican State Account Number (please indicate type) <input type="radio"/> Checking <input type="radio"/> Savings	Pelican State Routing Number
Social Security Number/TIN	Date
Signature	

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Existing Account Closing Form



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To Whom It May Concern:

Please close my account described below effective ___/___/___.

Member or Customer Name
Owner Name (if applies)
Account Number
Type of Account

No disbursement of this account is necessary

OR

Prepare a cashier's check for the balance of my account, payable to the member/customer name listed on the account.

Please include my Social Security Number/TIN _____

Mail the check to the following address: _____

If you have any questions, please contact: _____ at _____

Thank you for your immediate attention to this matter.

Customer Signature

Date

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