

SWITCH ACCOUNT FORM

Authorized Agreement

FROM:

Current Financial Institution and Current Savings Account Checking Account Other Account Number

Mailing Address of Current Financial Institution

Please liquidate and transfer the amount indicated below to my credit union account. **Make the check payable to: LOC Federal Credit Union, F/B/O Owner's Name.** Attach the check to a copy of this form and send it to the credit union at the address provided below. My credit union cannot accept a transfer of funds in any form other than check.

ACCOUNT OWNER'S IDENTIFYING INFORMATION

Name

Phone Number

Social Security Number

Street Address

City, State, Zip Code

CREDIT UNION INFORMATION

Mail Check to:

LOC Federal Credit Union

Name

Street Address

City, State, Zip Code

Attn:

Credit Union Contact Person

Phone Number at Credit Union

AMOUNT AND TIMING OF TRANSFER

Liquidate the current account and transfer the proceeds as follows. **Check one box in each column.**

The entire amount in my account and close.

Amount to Transfer: \$ _____

When would you like this to take place?

Date _____

Immediately

At maturity of the investment

ACCOUNT OWNER'S SIGNATURE

I hereby direct you to complete the requested transfer from my existing account.

Account Owner's Signature

Date

Notary Signature – If Necessary

Date