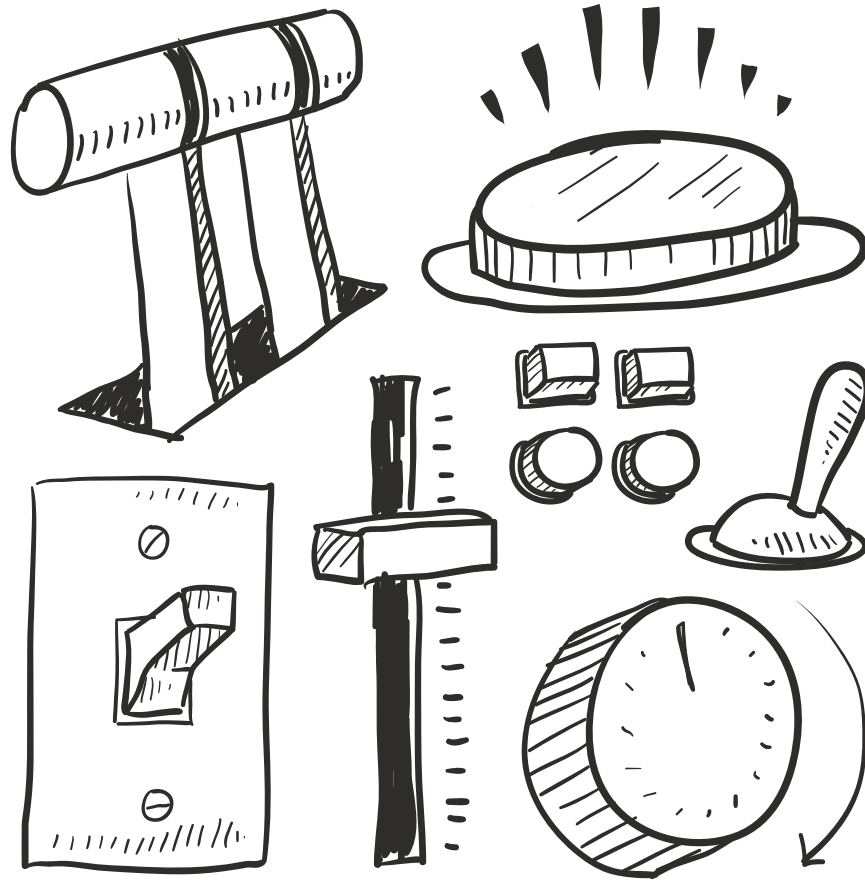


Switch Kit

A simple solution to transfer your accounts and services.



SWITCHING IS EASY

Switch Kit

Make the Move

Moving your account to SESLOC Federal Credit Union is easy when you follow the steps below. We're here to help you every step of the way.



Open Up Your New Accounts

Not currently a member? It's easy! Stop by any of our convenient branches to open an account.*

Already a member? We have a checking account that's right for you. Open a new checking account in eBranch or any SESLOC branch.



Switch Over Your Automatic Transactions

Start the switch by sending the forms below to the companies and financial institutions that handle your automatic deposits and withdrawals. We are happy to help with any of these forms. Use the checklist to keep track of people you need to contact.



Close Down Your Old Accounts

Once you verify that outstanding checks have cleared and automatic withdrawals and direct deposits are redirected, you're ready to close your old account. This process may take several weeks. Log on to SESLOC eBranch to confirm each transaction has been redirected.

Once confirmed, close your old account using the form on page 5. Destroy old checks, ATM/debit cards and deposit slips.

*Membership is established with a \$5 share savings deposit and a one-time \$5 membership fee. You may join if you live, work, worship or attend school in San Luis Obispo County or someone in your immediately family is a SESLOC member.

Your Personal Check List For Your Old Accounts

Contacted
Confirmed

Direct Deposit

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Employer (human resources) |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement or pension payments |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Administration (800) 333-1795 |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

(allow up to two pay cycles for direct deposit changes)

Automatic Withdrawals

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage company |
| <input type="checkbox"/> | <input type="checkbox"/> | Homeowner's insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Auto insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Life insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Gym membership |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility companies |
| | | Water <input type="checkbox"/> Power <input type="checkbox"/> Gas <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Telephone company |
| <input type="checkbox"/> | <input type="checkbox"/> | Cable or Satellite company |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Automatic Charges to Debit or Credit Cards:

- | | | |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Video Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Internet Provider |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Change Automatic Payment

Return this form to the companies who make automatic withdrawals, such as car payment, utilities, health club, etc.

To whom it may concern:

Company Name

Address

City

State

Zip

Regarding my account: _____ (Account or Other Identifying Number)

You are currently withdrawing \$ _____ for _____ (what payment is for),
every _____ (how often/when) from the following account:

Old Financial Institution

Financial Institution Routing Number

Account Number

Please stop making withdrawals from that account and instead make them from:

SESLOC Federal Credit Union

322282713

Financial Institution

Financial Institution Routing Number

Account Number

If you have any questions about this request, please contact me during the day evening
at: (_____) _____

Thank you,

Signature

Print Name

Date

Address

City

State

Zip

(Please photocopy if additional forms are needed).

Close Account

Use this form to close accounts at other financial institutions.

To whom it may concern:

Financial Institution's Name

Address

City

State

Zip

Regarding my account _____ (Account or Other Identifying Number)

Please close this account on: _____ (Date) and send a check for the remaining balance and a copy of this form to:

SESLOC Federal Credit Union
Attn: Online Switch Kit
Post Office 5360
San Luis Obispo, CA 93403

Credit: Savings Acct. No. _____ Checking Acct. No. _____

If you have any questions about this request, please contact me during the day evening at: (_____) _____

Thank you,

Signature

Print Name

Date

Address

City

State

Zip

Joint Owner Signature

Print Name

Date

(Please photocopy if additional forms are needed).