



Switch Kit

WELCOME TO SKYLA

Switching from your current financial institution to Skyla is easy!

Use the attached forms to change your direct deposit and automatic payments as well as close your old accounts. If you have any questions, visit any of our branches, send us an email to info@skylacu.com, or give us a call at 704.375.0183.

HERE'S HOW TO SWITCH

Step 1: Open an Account

Step 2: Complete the Forms Below

- Direct Deposit Form
- Authorization to Close Account
- Automatic Withdrawal Authorization Change
- Social Security Direct Deposit Sign-Up Form 1099 A (if applicable)

Step 3: Submit Forms to Respective Parties

- Direct Deposit Form → Payroll Department, Pension Services, or other investment income services
- Authorization to Close Account → Previous Financial Institution
- Automatic Withdrawal Authorization Change → Various Service Providers

You may have automatic withdrawal set up with a number of various service providers, such as:

- Electric, gas, phone, internet, cable
- Auto, home equity, mortgage, student, and other loans
- Credit card, medical and other bills
- Gym, homeowner's association, and other membership fees
- Insurance, rent, daycare, home security, and other miscellaneous expenses
- Social Security Direct Deposit Sign-Up Form → Skyla Credit Union if applicable



Direct Deposit

Please provide this information to your Payroll Department for accurate processing of your direct deposit.

Skyla does not require members to use deposit slips for deposits to their accounts. We ask that you accept this form as verification of the member's account with us. Please give us a call at [704.375.0183](tel:704.375.0183) if you require any further verification.

Member's Full Name:	_____
Skyla's Routing Number:	<u># 253075028</u>
Account Number (13 digits) for Deposits:	_____
Amount for Direct Deposit (circle one):	Full Pay Partial \$ _____

Member Signature

Date



Automatic Withdrawal Authorization Charge

This form serves as notification to change instructions for the automatic withdrawal to my new Skyla Federal Credit Union account.

Member Name: _____

Member Address: _____

Payee Name: _____

Payee Address: _____

Payee Account Number: _____

Effective Date: _____

Financial Institution: Skyla Federal Credit Union

Routing Number: **253075028**

Method of Payment: _____

Account Number (13 digits) _____

Card Number: _____ CVV: _____

Member Signature

Date



Authorization to Close Account

Financial Institution Name: _____

Financial Institution Address: _____

Please accept this letter as authorization to close the account(s) listed below; please remit any remaining balances and any accrued interest to Skyla Federal Credit Union for the benefit of:

Member Name: _____

Member Account Number: _____

Immediately close and transfer the balances in the following account(s):

Account Number	Account Type
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the closing of the account(s) and the transfer of funds. Thank you for your immediate assistance.

Member Signature

Date

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS													
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER													
CITY STATE ZIP CODE		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>) <table> <tr> <td><input type="checkbox"/> Social Security</td> <td><input type="checkbox"/> Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td><input type="checkbox"/> Supplemental Security Income</td> <td><input type="checkbox"/> Mil. Active _____</td> </tr> <tr> <td><input type="checkbox"/> Railroad Retirement</td> <td><input type="checkbox"/> Mil. Retire. _____</td> </tr> <tr> <td><input type="checkbox"/> Civil Service Retirement (OPM)</td> <td><input type="checkbox"/> Mil. Survivor _____</td> </tr> <tr> <td><input type="checkbox"/> VA Compensation or Pension</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> Mil. Survivor _____	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____		
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<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____														
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<i>(specify)</i>													
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)													
Prefix Suffix		TYPE	AMOUNT												
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.													
		SIGNATURE DATE	SIGNATURE DATE												
SIGNATURE DATE		SIGNATURE DATE													

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER			CHECK DIGIT
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION					
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.					
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

The image shows a sample check from the United States Treasury, Austin, Texas. The check number is 0000 415785. The date is 08/31/84. The amount is \$100.00. Callouts A, C, and F are used to identify key fields: A points to the payee name field, C points to the date field, and F points to the amount field. The check is marked 'NOT NEGOTIABLE' and has a MICR line at the bottom: ':00000518': 041571926".

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.