



CHECKING ACCOUNT SWITCH KIT

Step 1: Checking Account Application

Step 3: Automatic Payment Change Notification

Step 2: Direct Deposit Change Notification

Step 4: Checking Account Closure Notification

Step 1: Checking Account Application

Your Information:

Member # _____ Name _____ Soc. Sec. # _____

Date of Birth _____ Driver's License #/State _____

Home Phone () _____ Business Phone () _____

Employer _____

Joint Owner's Information *(if applicable)*:

Name _____ Soc. Sec. # _____

Date of Birth _____ Driver's License #/State _____

Home Phone () _____ Business Phone () _____

Employer _____

Bring this application to any of the SSSCU Branch Locations. For a complete listing of our locations and directions to those locations, please go to silverstatecu.com.



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Step 2: Direct Deposit Change Notification

Your employer* may have its own direct deposit form that you must use. Please contact your human resources or payroll department for the form your company uses. If you receive deposits other than payroll direct deposit, such as retirement or Social Security payments*, contact the depositor for instructions on changing these deposits to your new Silver State Schools Credit Union account.

****The CCSD direct deposit form must be requested from CCSD human resources or payroll. The direct deposit form for government payments – including Social Security -- can be downloaded from the [Forms & Applications](#) page***

Date _____ Soc. Sec. # _____ Name _____

Name of Employer _____

Employer's Address _____

Employer's Phone () _____

Previous Financial Institution _____ Previous Account # _____

Address _____

New Financial Institution Silver State Schools Credit Union Checking Account # _____

Address P.O. Box 12037, Las Vegas, NV 89112-0037

Telephone 800-357-9654

Routing # 322484265

I hereby authorize this change in direct deposit effective _____

Signature(s) _____



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Step 3: Automatic Payment Change Notification

This form can be used to notify any organization that makes automatic debits from your account. Make as many copies as you need. (Examples of companies who automatically debit your account might be your mortgage company and other lenders, auto insurance, cable company, utility company, gym/online service, telephone company, just to name a few.)

Date _____ Soc. Sec. # _____ Name _____

Company to Receive Payment _____

Company Address _____

Company Phone () _____

Previous Financial Institution _____ Previous Account # _____

Address _____ Amount of Payment _____

New Financial Institution Silver State Schools Credit Union Checking Account # _____

Address P.O. Box 12037, Las Vegas, NV 89112-0037

Telephone 800-357-9654

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I hereby authorize this change in automatic payment effective _____

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**SILVER STATE
SCHOOLS**
CREDIT UNION

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Step 4: Checking Account Closure Notification

Be sure to leave your old accounts active long enough to allow outstanding checks and automatic deposits to clear. Leave enough money in place to cover those transactions.

Date _____ Soc. Sec. # _____ Name _____

Current Financial Institution _____

Address _____

Account # _____

I hereby authorize the closure of my checking account and hereby state that all my checks have cleared on the account to be closed, and all direct deposits and automatic payments have been stopped.

Closure should take effect on _____

Please mail balance to:

New Financial Institution Silver State Schools Credit Union Checking Account # _____

Address P.O. Box 12037, Las Vegas, NV 89112-0037

Telephone 800-357-9654

Signature(s) _____
