

# THE Q SWITCH KIT

*Make the Move*



**QUANTUM**  
**CREDIT UNION**

# CLOSE ACCOUNT REQUEST FORM

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

To Whom It May Concern:

Please accept this letter as authorization to close account # \_\_\_\_\_ at your institution and send a check for the remaining balance to my address below. If you have any questions, please contact me at \_\_\_\_\_. I have verified that all outstanding payments and deposits have cleared before the account is closed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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# ELECTRONIC TRANSFER AUTHORIZATION

FROM QUANTUM TO ANOTHER INSTITUTION

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Quantum Employee: \_\_\_\_\_

TAKE FROM: \_\_\_\_\_  
Quantum Account Number: \_\_\_\_\_  
Account: \_\_\_\_\_

Frequency: (Circle one)

1. Weekly
2. Bi-weekly
3. 15th and 30th
4. Monthly

Amount: \$ \_\_\_\_\_

Electronic Transfer Start Date: \_\_\_\_\_  
(This date must be at least 3 weeks later than Today's Date)

SEND TO:

Name of Financial Institution: \_\_\_\_\_  
Institution Routing Number (ABA): \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Circle One:            Savings            Checking

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# DIRECT DEPOSIT CHANGE FORM

Date: \_\_\_\_\_

Employer/Depositor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

To Whom It May Concern: \_\_\_\_\_

You are currently depositing

My entire paycheck     Part of my paycheck to the following account:

Current Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please stop making deposits to the above account and instead make the same deposits to:

\_\_\_\_\_

Quantum Credit Union

Routing Number: 301180234

Account Number: \_\_\_\_\_

If you have any questions about this request, please contact me at either of the following numbers:

Daytime: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



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# VISA® DEBIT CARD

## AUTHORIZATION FORM

First Name \_\_\_\_\_ MI \_\_\_\_\_  
Last Name \_\_\_\_\_ Acct # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mothers Maiden Name \_\_\_\_\_  
Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

### Co-Applicant

First Name \_\_\_\_\_ MI \_\_\_\_\_  
Last Name \_\_\_\_\_ Acct # \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mothers Maiden Name \_\_\_\_\_  
Employer Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

The information above is true and complete. I request that you issue a VISA Debit Card(s) in the name(s) shown above and that you renew and replace the card(s) until notice to the contrary is given. I authorize you to investigate my credit and to report to others on your credit experience with me. I promise to pay, in accordance with the current VISA Debit Card Customer Agreement, all debits, fees, and extensions of credit generated by usage of the card(s).



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