

Highway Alliance Credit Union

www.hacu4u.com

SWITCH KIT

Switch to something better.

STEP 1: OPEN your new accounts.

You will first want to open your new Highway Alliance Credit Union savings account. After the account is open, you will have access to all the credit union has to offer.

- FREE Checking Accts
- FREE Debit Card
- FREE ATM use at any ATM in our co-op network
- Checks (first box FREE)
- Visa Credit Cards
- Bill Pay
- Mobile Banking
- Mobile App
- Low-cost Loans
- Mortgage Loans
- Share Certificate Deposits
- Competitive Savings Interest Rates

STEP 2: CLOSE your old accounts.

Be sure to leave sufficient funds in your old account long enough for all outstanding automatic withdrawals and checks to clear. After all outstanding items have cleared, then you can close the old account.

Don't forget to destroy remaining checks, debit cards, and ATM cards.

Each form enclosed in this booklet will assist you in making the switch.

- Change Payroll / Direct Deposit Form
- State of MO Direct Deposit Form
- Automatic Payment / Transfer Form
- MPERS Form
- Close Account Letter

STEP 3: TRACK changes with our handy checklists.

Checklists below help you track people you may need to contact.

Direct Deposit

- ___ Your HR Dept/Payroll
- ___ Retirement or Pension
- ___ Social Security Admin.

Automatic Payments

- ___ Mortgage
- ___ Auto Loans
- ___ Insurance(auto, home, life, health)
- ___ Utilities (electric, gas, water, telephone, cable)
- ___ Credit Cards
- ___ Organizations (gym or online memberships)

ALL DONE. Welcome to Highway Alliance Credit Union.

Highway Alliance Credit Union

CHANGE PAYROLL

DIRECT DEPOSIT

Employer/Depositor Name _____

To whom it may concern,

You are currently depositing my paycheck to the following account:

Financial Institution _____

Routing/Transit Number _____

Account Number _____

Effective Date: _____ (date), please stop making deposits to that account and instead send to:

Financial Institution **Highway Alliance Credit Union** _____

Routing/Transit Number **286580810** _____

Your 8-Digit Account Number _____

Please check all that apply: _____ Savings \$ _____ (amount)

_____ Checking \$ _____ (amount)

If you have any questions about this request, please contact me at (_____) _____.

Thank you.

Sincerely,

Name _____

Signature _____

Address _____

City, State, Zip _____

Complete this form and submit to your employer. Your employer may require additional information. If you have questions about this or any other forms, please contact us at 573-632-2848 or visit our Web site www.hacu4u.com.



2010 William Street
Jefferson City, MO 65109
Ph: 573-632-2848
Fax: 573-635-7618

DIRECT DEPOSIT / STATE OF MISSOURI EMPLOYEES

Employee Name _____

Address _____

Phone Number _____

Financial Institution **Highway Alliance Credit Union** _____

Routing/Transit Number **286580810** _____

Your 8-Digit Account Number _____ Checking _____ Savings _____

Credit Union Representative Signature _____ Date _____

Complete this form and submit to your employer. Your employer may require additional information. If you have questions about this or any other forms, please contact us at 573-632-2848 or visit our Web site www.hacu4u.com.

CHANGE AUTOMATIC PAYMENT/WITHDRAWAL

Company or Financial Institution _____

Address _____

City, State, Zip _____

To whom it may concern,

You are currently withdrawing \$_____ for the payment of my _____
on _____ (withdraw date) from the account listed below:

Financial Institution _____

Routing/Transit Number _____

Account Number _____

Please stop drafting the above account and begin drafting the account listed below:

Financial Institution **HIGHWAY ALLIANCE CREDIT UNION** _____

Routing/Transit Number **286580810** _____

Your 8-Digit Account Number _____ Checking _____ Savings _____

If you have any questions regarding this request or if you require additional information, please contact me at (_____)_____.

Sincerely,

Name _____

Signature _____

Address _____

City, State, Zip _____

After completing this form, mail it to the financial institution or the company currently drafting your account.

If you have questions about this or any other forms, please contact us at 573-632-2848 or visit our Web site www.hacu4u.com.



MoDOT & Patrol Employees' Retirement System
 PO Box 1930 • Jefferson City, MO 65102-1930
 Phone: (573) 298-6080 • (800) 270-1271
 Fax: (573) 522-6111 • Email: mpers@mpers.org
 Website: www.mpers.org

Direct Deposit Authorization

1. Complete sections of form.
2. Sign and date form.
3. **Attach voided check and return to MPERS prior to the 15th of the month.**

Benefit Recipient Information		
Social Security Number: xxx – xx –	Name: (Last, First MI)	
Mailing Address: _____ (City) _____ (State) _____ (Zip Code)		
Type of Benefit Payment (<i>check one</i>): <input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Survivor/Beneficiary		Type of Action Requested: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel
Date of Birth:	Phone Number:	Email Address:

Bank/Financial Institution Information

- **Attach a voided check** so MPERS can verify the routing and account numbers. Some banks/financial institutions use a separate routing number for ACH (direct deposit) payments. We recommend that you contact your bank/financial institution to verify the appropriate routing number.

Routing Number (ABA Number): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	Bank Phone Number: ()
Bank Fax Number: ()	
Name of Bank/Financial Institution:	
Mailing Address: _____ (City) _____ (State) _____ (Zip Code)	

Benefit Recipient's Signature

I hereby authorize the MoDOT and Patrol Employees' Retirement System (MPERS) to initiate credit entries (deposits) to my account designated above at the depository financial institution named above, or, any successor institution to the named institution. I also authorize debit entries (withdrawals), if deemed necessary by MPERS to correct any credit entries made in error to my account, including deposits made subsequent to my death. I further authorize the institution named above to release to, and to provide MPERS with, my current address, the names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including those listed as "pay on death" or "transfer on death." This authorization shall remain in force until it is revoked in writing or superseded by a subsequent authorization given to MPERS by me, or on my behalf by my designated agent or attorney-in-fact.

Signature:	Date:
------------	-------

This *Direct Deposit Authorization* must be signed by the benefit recipient, authorized agent under Section 104.1093, RSMo, authorized agent under a power of attorney, conservator, or guardian. If an agent under a power of attorney completes and signs the form, a certified copy of the power of attorney must be attached (unless already on file at MPERS). If a court appointed conservator or guardian completes and signs the form, a certified copy of the appointment must be attached (unless already on file at MPERS).

Sample Check

This sample check shows the typical location of the routing and account numbers. However some banks/financial institutions use a separate routing number for ACH (direct deposit) payments. On a deposit slip, the ACH routing number may be listed as "Account Routing Number." We recommend that you contact your bank/financial institution to verify the routing number for ACH payments.

Jane Doe
123 Doe Lane
Jefferson City, MO 65102

1000

DATE _____

PAY TO _____ \$ _____
the order of _____
DOLLARS

MEMO _____

⑆1 2 3 4 5 6 7 8 9⑆ 88 777 8⑆ 1000

ROUTING NUMBER

ACCOUNT NUMBER

Notes

- **Please submit this form to MPERS prior to the 15th of the month.** If the form is received after the 15th, we cannot guarantee that a change will be made for the current month.
- An altered or incomplete Direct Deposit Authorization form will not be accepted.
- You may change your account number or financial institution at any time by completing and submitting a new Direct Deposit Authorization form. However, don't close the old account too soon. We suggest you keep the old account open until the end of the month after you make a change. Otherwise, your financial institution will return your direct deposit to MPERS causing your benefit payment to be delayed.
- You are entitled to a final benefit payment for the month in which you die. If the account is left open after your death, this payment will be electronically deposited into your account on the last working day of the month, as usual.

CLOSE ACCOUNT REQUEST

Financial Institution's Name: _____

Address: _____

City, State, Zip: _____

To whom it may concern,

Please close my account(s) and send a check for the remaining balance to me at the address listed below.

Account Number: _____

Account Number: _____

If you have any questions about this request, please contact me at (_____)_____.

Thank you.

Sincerely,

Name _____

Signature _____

Address _____

City, State, Zip _____

Co-signer/Joint Owner _____

Co-signer/Joint Owner Signature _____

Date _____

When closing your accounts, remember to leave sufficient funds in your old account long enough for all outstanding automatic withdrawals and checks to clear. Once all outstanding items have posted, mail this form to your financial institution for processing.

If you have questions about this or any other forms, please contact us at 573-632-2848 or visit our Web site www.hacu4u.com.