

## Utah

### Bountiful Main Office:

100 South 500 West  
Bountiful, UT 84010  
(801) 683-3000 (877) 208-8364 Fax (801) 683-3023

### Chevron Salt Lake Refinery:\*

2351 North 100 West, Suite 100  
Salt Lake City, UT 84116  
(801) 539-7229 Fax (801) 539-7535

*\*Restricted access: Refinery employees only.*

## Colorado

### Denver:

116 Inverness Drive East, Suite 206  
Englewood, CO 80112  
(303) 930-4100 Fax (303) 930-4200

### 24 Hour Phone Teller

(801) 328-4265 (855) 804-4633

### Online Banking & E-Mail

[www.chevronwestcu.org](http://www.chevronwestcu.org)  
[info@chevronwestcu.org](mailto:info@chevronwestcu.org)

### Credit Union Service Centers

*Access over 2,826 branches nationwide.*

[www.cuservicecenters.com](http://www.cuservicecenters.com)

### ATMs

#### Chevron Salt Lake Refinery\*

*\*Restricted Access: Refinery employees only.  
(In the Administration Building)*

#### CO-Op Network ATMs

*Access over 25,000 surcharge-free ATMs.*

[www.co-opnetwork.org](http://www.co-opnetwork.org)

# Checking Account Switch Kit



Just three easy steps.  
**We can help!**

**ChevronWest**  
CREDIT UNION

*Building You, and Your Family, a Better Future.*





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## Switching is easy. **We can help!**

We make it easy to switch your checking account to ChevronWest Credit Union. This switch kit outlines the steps you need to take and even includes a few easy forms to help you.

### **1. Open your new ChevronWest Credit Union Checking Account.**

- Complete a Share Draft Checking Application
- Place an order for your checks using the enclosed order form
- Return these forms to the Credit Union along with your initial deposit of \$25.\*

*\*Your initial deposit of \$25 is necessary to open your account. This is not a fee or a minimum balance, these funds are yours to use.*

### **2. Move your transactions to your new account.**

As you make the switch to ChevronWest Credit Union we want to ensure that you have not omitted any deposits or payments. Review the lists below to make sure you remember all your direct deposits and automatic withdrawals.

As a precaution we suggest you review your last two months of financial statements.

### **Change your Direct Deposits to ChevronWest Credit Union.**

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For all your Direct Deposits, fill out the enclosed Direct Deposit Change form and provide it to each company that initiates deposits directly on your behalf. Be prepared to provide your member number and the ChevronWest Credit Union routing #**324078381**.

Potential Direct Deposits:

|             |                     |
|-------------|---------------------|
| Payroll     | Social Security     |
| Retirement  | Government Payments |
| Investments |                     |

### **Switch your Automatic Withdrawals...**

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Use the enclosed Automatic Withdrawal Change to contact those you have authorized to make automatic withdrawals from your account. You may be asked to include a voided check.

### **...And Charges Billed to your Old Debit Card.**

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Contact the company that you have authorized to receive payment through your old debit card and tell them to debit your new ChevronWest Visa Check Card instead. They will need your new card number and expiration date.

Potential Automatic and Debit Card Withdrawals:

|                      |                       |
|----------------------|-----------------------|
| Mortgage             | Utilities             |
| Auto Loan            | Cable TV              |
| Health Insurance     | Telephone             |
| Life Insurance       | Cellular Phone        |
| Car Insurance        | Internet Services     |
| Credit Card(s)       | Health/Athletic Club  |
| Charitable Donations | Investments/Annuities |

### **Let Outstanding Checks and Automatic Withdrawals Clear in your Old Account.**

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Leave enough money to cover outstanding checks. It may take several weeks for everything to clear.

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## **3. Close your old account.**

### **Ask your Old Financial Institution to Close Your Account.**

Request a check for the remaining balance. Use the enclosed form to make it easy. Just make sure all your transactions have cleared before closing.

### **Destroy your Checks and ATM/Check Cards from your Old Financial Institution.**

**We offer terrific features at little or no cost to you.**

## **You'll be glad you made the switch!**

- No check writing fees, monthly service fees, or transfer fees
- No monthly minimum balance requirements
- Monthly interest paid on all account funds
- Free Visa Check Card
- Free online banking and bill payment
- Free eStatements (or Paper Statements)
- Direct Deposit or Automatic Withdrawals
- ATM access via the STAR, Plus and CO-OP Networks (many are surcharge free!)
- Added coverage with Overdraft Protection and Courtesy Pay
- Teen Checking for young adults ages 13-18

**Make the switch.**

**It's so easy!**

## **Additional Highlights**

**Overdraft Protection.** An Overdraft Line of Credit may be obtained for added security and coverage of your Checking Account. Feel free to make payments or pay it off every month in full. Separate application is necessary for this service.

**Courtesy Pay.** If funds are depleted in your Checking and Savings Account and your Overdraft Line of Credit is at its maximum, Courtesy Pay will step in and cover drafts written up to \$500. This program keeps checks from bouncing, and you from paying high fees on both sides of the transaction! Courtesy Pay is automatically placed on all Checking Accounts 30 days after opening.

**Credit Union Service Center Network.** After 30 days, you can access your ChevronWest Credit Union account at any Credit Union Service Center. There are more than 3100 locations nationwide, 114 of those are in Utah and 117 in Colorado. This free service for members functions just like you were in our own lobby! To find a location near you, visit our website: [www.chevronwestcu.org](http://www.chevronwestcu.org).

**E\*Teller.** Online banking is another great feature! Access your account 24x7, make transfers, balance inquiries and view your cancelled checks using our state of the art secure website. Contact our office to obtain a username and password.

**Express Bill Pay.** ChevronWest offers a great bill pay service to use in conjunction with your Checking Account. Authorize your monthly bills to be electronically paid when you designate. Separate enrollment required.

**24-Hour Phone Teller.** Your account is as close as the nearest phone! Transfer funds, check balances, request withdrawals and more. Contact our office to obtain a PIN in order to utilize this service.

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# Redirect Your Automatic Withdrawals

To switch the Automatic (ACH) Withdrawals drawn upon your account to ChevronWest Credit Union, simply complete this form and mail it to each company withdrawing funds for recurring payments.

**Please Note:** Debit Card Withdrawals are not the same as Automatic (ACH) Withdrawals. Please contact each merchant handling withdrawals by debit card and provide them with your new CWCU debit card number.

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Name of Originator/Company Making Withdrawal

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Address

---

City, State, Zip

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Account # With Originator/Company

You are currently debiting my  Checking  Savings

Account # \_\_\_\_\_

at Financial Institution \_\_\_\_\_

Effective \_\_\_\_\_, please cancel the transaction and begin debiting my **ChevronWest Credit Union** account.

CWCU Account # \_\_\_\_\_

Checking  Savings

Routing # **324078381**

Questions? Please contact me at: \_\_\_\_\_

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Signature

---

Name

Date

---

Address

---

City, State, Zip

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# Redirect Your Payroll Direct Deposit

To switch the Direct Deposit of your paycheck to ChevronWest Credit Union, simply complete this form and take it to your employer's payroll office. Or, if you'd like, return it and we'll contact your employer for you!

## Member Information

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Name

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Address

---

City, State, Zip

---

Phone (home)

(daytime)

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CWCU Account #

Deposit to:     Checking     Savings

ChevronWest Credit Union Routing # **324078381**

## Payroll Information

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Employer

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Address

---

City, State, Zip

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Contact

(phone)

I authorize the automatic deposit of my payroll or other funds into my Credit Union account. This authorization is to remain in effect until written notification is received revoking my authorization. I acknowledge I must allow reasonable opportunity to act on my notification.

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Signature

---

Name

Date

---

# Please Close My Account

Mail this completed form to your old financial institution.

---

Date

---

Financial Institution

---

Address

---

City, State, Zip

To Whom it May Concern:

Please close my account: (#) \_\_\_\_\_  
and send a check for the remaining balance to me at the  
address below. If you have any questions about this  
request, please contact me at:

---

Phone

Sincerely,

---

Signature

---

Name

---

Address

---

City, State, Zip

---

Joint Owner Signature

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Joint Owner Name

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# Please Order My New Checks

Return this completed form to ChevronWest Credit Union.

## Member Information

Please print legibly and provide only the information you want to appear on your checks. For security purposes, we do not recommend printing your birthdate, Social Security number or driver's license number on your checks.

### Print my checks as follows:

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Name (Owner)

---

Name (Joint Owner)

---

Address

---

City, State, Zip

---

Phone

---

Other Desired Information (Owner)

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Other Desired Information (Joint Owner)

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Account #

Starting Check # \_\_\_\_\_ # of Boxes \_\_\_\_\_

Free Vinyl Cover?  Y  N    Check Design # \_\_\_\_\_

I authorize ChevronWest Credit Union to process this check order as indicated above. I understand, unless otherwise indicated, I will receive the CWCU Basic Style Check. I also understand my account will be debited for the amount of the check order and that the appropriate funds will be available.

---

Signature

Date

Please allow two weeks to process and deliver. If you prefer an expedited delivery (at an extra charge) please indicate below:

Overnight Delivery     2-Day Delivery

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# Enroll Me In Express Bill Pay!

Return this completed form to ChevronWest Credit Union.

## Member Information

\_\_\_\_\_

Name

\_\_\_\_\_

Name (Joint Owner)

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

E-mail

\_\_\_\_\_

Account #

\_\_\_\_\_

Mother's Maiden Name or Account Password

I understand and agree that for each transaction I initiate on Express Bill Pay, I will be responsible for determining the correct payee, scheduled due date, the account to be used for bill payment and the availability of funds. Any payment made without sufficient funds in my account may be returned and an overdraft fee may be charged. Payments may take the form of a check and may take up to five (5) days to reach the payee. If I choose, I may discontinue Express Bill Pay upon written notification.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

..... Office Use Only .....

Processed by: \_\_\_\_\_

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