

# CEDAR POINT FEDERAL CREDIT UNION

## EZ Switch

### Checklist

#### OPEN A CEDAR POINT ACCOUNT

If you live, work, worship, go to school, or regularly conduct business in St. Mary's, Charles, or Calvert County, you and your family are invited to join Cedar Point Federal Credit Union. We will be happy to assist you at any branch office. If you are not in the area, you can download an account form from our website at [www.cpfcu.com](http://www.cpfcu.com). This form must be accompanied by a copy of a valid government issued photo ID such as a driver's license and an initial deposit of \$25.00. Signatures must be notarized.

#### STOP USING YOUR PREVIOUS CHECKING ACCOUNT

Allow time for outstanding checks and debits to clear - usually about 10 days. Destroy your ATM and/or debit card(s), any unused checks, and deposit slips.

#### SWITCH YOUR DIRECT DEPOSITS AND OTHER ELECTRONIC DEPOSITS

Notify anyone making deposits to your previous account of your new Cedar Point Federal Credit Union information. Enclosed is a direct deposit authorization form to assist you in quickly making this switch.

Depositor	Type of Deposit	Request Sent	Confirmation Received	Deposit Verified*
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

\*Please confirm that your deposits have successfully transferred before closing your account.

#### SWITCH YOUR AUTOMATIC PAYMENTS AND OTHER ELECTRONIC DEBITS

Notify anyone deducting automatic payments (mortgage, insurance, gym dues, etc.) of your new Cedar Point Federal Credit Union information. Enclosed is an Automatic Payment Form to assist you in quickly making this switch.

Billor	Type of Payment/Account#	Request Sent	Confirmation Received	Payment Verified*
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

\*Please confirm that your payments have successfully transferred before closing your account.

#### ACCOUNT CLOSURE REQUESTS

After all your checks and automatic payments have cleared, and your deposits and payments have transferred, close your previous checking account. Enclosed is a form to notify your previous financial institution of your decision to close your account(s).

Institution Name	Type of Account/Balance	Request Sent	Confirmation Received	Balance Transferred
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**To contact a Cedar Point Federal Credit Union Member Service Representative**  
 call  
 301-863-7071 • 410-414-3086 • 800-201-1647  
 or email  
[cpfcu@cpfcu.com](mailto:cpfcu@cpfcu.com)

**CEDAR POINT FEDERAL CREDIT UNION**  
**EZ Switch**  
**CHANGE DIRECT DEPOSIT**

\_\_\_\_\_

Date

\_\_\_\_\_

Employer / Depositor's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP

To Whom It May Concern:

You are currently depositing \$\_\_\_\_\_ (amount) into my account on a/an  
weekly | bi-weekly | monthly | annual basis (circle one).

\_\_\_\_\_

Previous Financial Institution

\_\_\_\_\_

Financial Institution Routing Number

\_\_\_\_\_

Financial Institution Account Number

Please cancel this deposit to the above account, effective \_\_\_\_\_, and send them to:  
Date

Cedar Point Federal Credit Union  
22745 Maple Road  
Lexington Park, MD 20653  
Cedar Point Federal CU Routing Number: **255077736**  
Cedar Point Federal CU Account Number: \_\_\_\_\_

If you have questions about this request, please contact me during the DAY | EVENING (circle one) at \_\_\_\_\_  
Phone Number

Thank you,

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP

Please check with your employer for other information needed. (SSN, Employee ID#, ect.)

*Some organizations may have specific rules or fees associated with this change. You may wish to confirm this with the organization.*

*Print and fill out one form for each organization you are contacting.*

**CEDAR POINT FEDERAL CREDIT UNION**  
**EZ Switch**  
**CHANGE AUTOMATIC WITHDRAWAL**

\_\_\_\_\_

Date

\_\_\_\_\_

Name of Company Authorized for Automatic Withdrawal

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP

To Whom It May Concern:

You are currently withdrawing \$ \_\_\_\_\_ (amount) from my account on a/an  
weekly | bi-weekly | monthly | annual basis (circle one).

\_\_\_\_\_

Previous Financial Institution

\_\_\_\_\_

Financial Institution Routing Number

\_\_\_\_\_

Financial Institution Account Number

Please cancel the withdrawals from the above account, effective \_\_\_\_\_, and debit them from:  
Date

Cedar Point Federal Credit Union  
22745 Maple Road  
Lexington Park, MD 20653  
Cedar Point Federal CU Routing Number: **255077736**  
Cedar Point Federal CU Account Number: \_\_\_\_\_

If you have questions about this request, please contact me during the DAY | EVENING (circle one) at \_\_\_\_\_  
Phone Number

Thank you,

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP

*Some organizations may have specific rules or fees associated with this change. You may wish to confirm this with the organization.*

*Print and fill out one form for each organization you are contacting.*

# CEDAR POINT FEDERAL CREDIT UNION

## EZ Switch

### CLOSE ACCOUNT

\_\_\_\_\_

Date

\_\_\_\_\_

Employer / Depositor's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City State ZIP

To Whom It May Concern:

Effective \_\_\_\_\_ (date), please close the following account(s) and send a check for the remaining balance(s) to me at the address listed below or to my Cedar Point Federal Credit Union account:

Account #	Checking	Savings	Send funds to CPFCU checking	Send funds to CPFCU savings	Send check payable to me
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please close my certificate of deposit account(s) upon maturity.

Certificate #	Send funds to CPFCU checking	Send funds to CPFCU savings	Send check payable to me
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have questions about this request, please contact me during the DAY | EVENING (circle one) at \_\_\_\_\_  
Phone Number

Thank you,

\_\_\_\_\_

Signature Date

\_\_\_\_\_

Name (please print)

<p>Forward checks payable to me to this address:</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State ZIP</p>	<p>Forward funds to Cedar Point FCU for the benefit of</p> <p>_____</p> <p>Member Name</p> <p>22745 Maple Road, Lexington Park, MD 20653</p> <p>Routing Number: <b>255077736</b></p> <p>_____</p> <p>Cedar Point Federal Credit Union Account Number</p>
---	--

*Some organizations may have specific rules or fees associated with this change. You may wish to confirm this with the organization.*

*Print and fill out one form for each organization you are contacting.*

# CEDAR POINT FEDERAL CREDIT UNION

## **EZ Switch**

### CONTACTING GOVERNMENT AGENCIES

#### **Social Security Administration (SS and SSI)**

Recipients already receiving Social Security and/or Supplemental Security Income benefits through direct deposit may change their account or financial institution information by calling (800)SSA-1213 (800-772-1213).

Social Security's toll-free number operates from 7 a.m. to 7 p.m., Monday through Friday. If you have a touch-tone phone, recorded information and services are available 24 hours a day, including weekends and holidays. People who are deaf or hard of hearing may call SSA toll-free TTY number, (800)325-0778, between 7 a.m. and 7 p.m. on Monday through Friday. Please have your Social Security number available when you call.

or

The Social Security Administration provides a secure Web environment where you may change your direct deposit information. Through their site, you may change your current direct deposit to another account or financial institution. To utilize this service, you must establish a password at the Social Security site at [www.ssa.gov](http://www.ssa.gov).

#### **Department of Labor**

A toll-free number has been designated for each of the nine *Division of Coal Mine Workers' Compensation* district offices. Visit the Department of Labor web site at [www.dol.gov](http://www.dol.gov) for a list of district offices and their phone numbers.

#### **Department of Veterans Affairs**

Veterans Compensation, Pension and Education (MGIB) recipients already receiving benefits may change their direct deposit information by calling (877)838-2778, Monday through Friday, 7:30 a.m. to 4:50 p.m. Central Time or contact them online at Department of Veterans Affairs web site at [www.va.gov](http://www.va.gov). Please be prepared to provide your new financial institution's 9 digit routing number, your new account number and type of account (checking or savings).

#### **Office of Personnel Management/Civil Service**

Retirees, annuitants, and survivor annuitants already receiving benefits may change their direct deposit information by calling (888)767-6738.

#### **Defense Finance and Accounting Service**

Military salary recipients please contact DFAS/Military Customer Service at (888)332-7411 or visit the Defense Finance and Accounting Service website at [www.dfas.mil](http://www.dfas.mil).

**Office of Personnel Management:** (888)767-6738 (Washington, DC area only: (202)606-0500)

**To contact a Cedar Point Federal Credit Union Member Service Representative**

call

301-863-7071 • 410-414-3086 • 800-201-1647

or email

[cpfcu@cpfcu.com](mailto:cpfcu@cpfcu.com)

**Cedar Point Federal Credit Union's 9 digit routing number is 255077736.**