

Switch to ALEC for the savings. Stay with ALEC for the great member service.

At ALEC, our focus is you. That means we strive to offer you higher savings rates, lower loan rates, free convenient services and personalized member service. ALEC is your full-service credit union.

Making the switch to ALEC is easy. Follow these simple steps to move your account to ALEC. We've provided everything you need to make the switch. Now's the time!



















Switch Kit Forms

Prepare:

Get Organized Balance Your Existing Account

Make the switch:

Direct Deposit Automatic Deposits Automatic Payments

Final steps:

Close Your Old Account Keep Track of Your Changes

Get Started >>

Welcome to the family.



Get Organized

Use this form to list the transactions that you'll be switching to ALEC.

Write your new member numb	per here for easy referer	nce:		Help	oful Info
ALEC Member Number: ALEC Routing Number: Service Center Address: City/State/Zip:	071993162			any activo occured statemer at your becheck reany ATM checks of	details of vity that has since your last at, either online ank or in your gister. Consider withdrawals, or debit card es you may
List all the companies that ma	ke direct deposits of μ	oayroll to	your old account:	have ma	
Company Name	Account	Number	Deposit Amount	to find th the main office, wh	call. each company e address of accounting nere you should forms. Make
List all the companies that ma	ke automatic deposits	s to your c	old account:	sure no c required.	
Company Name	Account	Number	Deposit Amount	Print as r	ore space? many copies of as you need.
List all the companies that tak	e automatic deduction	ns from yo	our old account:		
Company Name	Account	Number	Deposit Amount		
Write your old account number	or and routing pumber h	pore for ea	nov reference:		
	er and routing number r	PAY TO THE ORDER OF	asy reference.		
Account Number: Routing Number:			Name 189 • 0000987654321• 10(100 umber Your Account Number	Need h Call us : 800.76;	24/7 at





Use this form to determine the balance in your old account and how much you'll need to leave in it to cover any outstanding expenses.

List deposits that do not appear on	Date://	\$
your statement:	Date:/	\$
	Date:/	\$
Add your current bala	nce and recent deposits:	\$ A
	ks, transfers, withdrawals	=======================================
Description:		\$
Description:	Date:/	\$
Description:	Date:/ /	\$
Description:	Date:/	\$
Description:	Date://	\$
Description:	Date:/	\$
Description:	Date:/	\$
Description:	Date:/	\$
Add your outstanding (This is the amount you sho	items together: ould leave in your old account.)	\$ В
_		
Enter amount A:		\$
		\$





Direct Deposit

Give this form to **your employer**, or other income source such as Social Security, to redirect your payroll or deposit into your ALEC account.

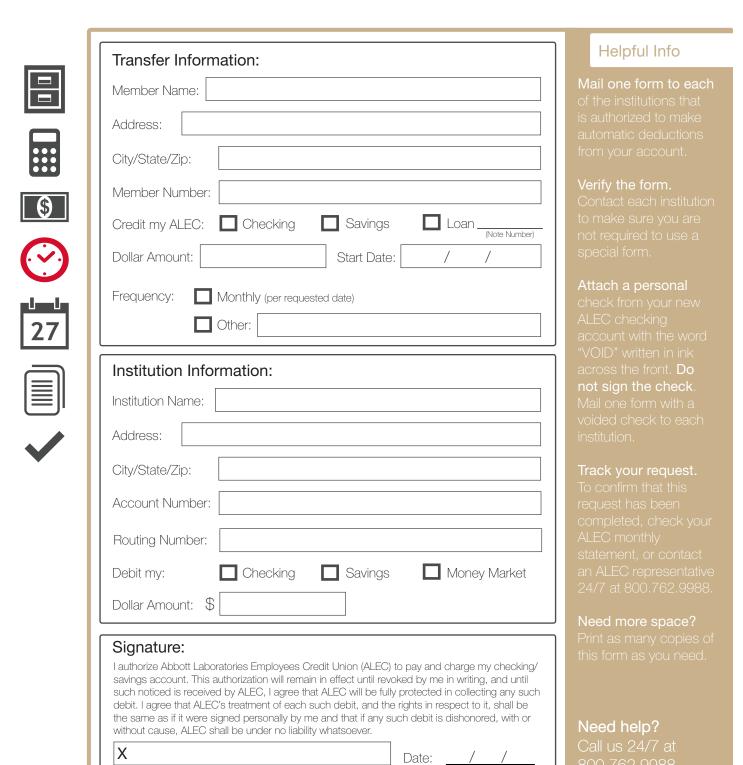
	Helpful Info
Employee Name:	
Employee ID or Social Security Number:	If you are employed with Abbott or Hospira, please use their
Employee Phone Number: ()	designated form to redirect your payroll.
	You can find each
wish to deposit to my Abbott Laboratories Employees Credit Union (ALEC) account: (check one)	designated form at alecu.org. If you are an AbbVie employee,
■ Net Pay ■ % of Net Pay ■ Specific Amount:	please process your payroll request online via your HR system.
Account Number:	Verify the form. Contact each
☐ Checking ☐ Savings ☐ Money Market	employer or income source to make sure
Credit Union Address:	you are not required to use a special form.
City/State/Zip:	Attach a personal check from your new
	ALEC checking account with the word
Routing Number:	"VOID" written in ink across the front. Do not
	sign the check. Submit one form with a voided
l authorize	check to each employer
to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my account at ALEC.	or income source. Track your request.
X Date: / /	To confirm that this request has been
X Date:/_/ Employee Signature	completed, check your
I understand that this authorization will remain in full force and effect until the company named here has received written notification from me of its	ALEC monthly statement, or contact an ALEC representative
termination in such time as to afford the company and depository a reasonable opportunity to act.	24/7 at 800.762.9988. Need help?





Incoming Electronic Transfers

Complete this form and sumbit to your old financial institution to have electronic transfers automatically sent to your ALEC account via electronic transfer.







Outgoing Electronic Transfers

Complete and return this form to ALEC to have transfers to other financial institutions automatically deducted from your ALEC account via electronic transfer.

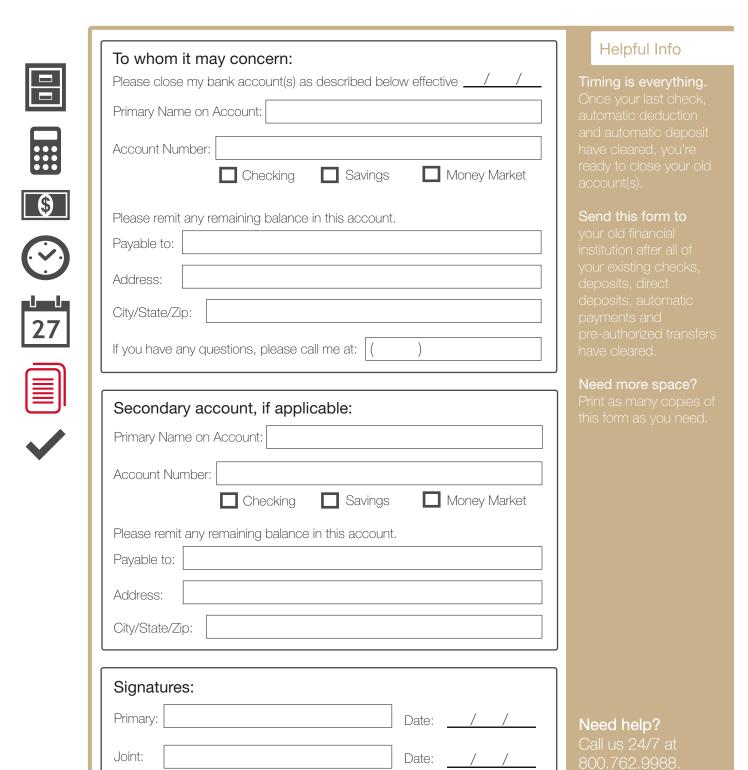
Member Name: Address: City/State/Zip: Member Number: Debit my ALEC: Checking Savings (limit of 6 per month) Dollar Amount: Start Date: // Frequency: Monthly (per requested date) Other: Institution Information: Institution Name: Address: City/State/Zip:	Track your request To confirm that this request has been completed, check y ALEC monthly statement, or conta an ALEC represents 24/7 at 800.762.99 Need more space Print as many copie this form as you need to confirm the statement of the statem
City/State/Zip: Member Number: Debit my ALEC: Checking Savings (limit of 6 per month) Dollar Amount: Start Date: / / Frequency: Monthly (per requested date) Other: Institution Information: Address:	request has been completed, check y ALEC monthly statement, or conta an ALEC represents 24/7 at 800.762.99 Need more space Print as many copie
Member Number: Debit my ALEC: Checking Savings (limit of 6 per month) Dollar Amount: Start Date: / / Frequency: Monthly (per requested date) Other: Institution Information: Institution Name: Address:	ALEC monthly statement, or conta an ALEC representa 24/7 at 800.762.99 Need more space Print as many copie
Debit my ALEC: Checking Savings (limit of 6 per month) Dollar Amount: Start Date: / / Frequency: Monthly (per requested date) Other: Institution Information: Address:	an ALEC represents 24/7 at 800.762.99 Need more space' Print as many copie
Dollar Amount: Start Date: / / Frequency: Monthly (per requested date) Other: Institution Information: Institution Name: Address:	Need more space Print as many copie
Frequency: Monthly (per requested date) Other: Institution Information: Institution Name: Address:	Print as many copie
Institution Information: Institution Name: Address:	tille form de yearnet
Institution Information: Institution Name: Address:	
Institution Name: Address:	
Institution Name: Address:	
City/State/Zip:	
3, 1	
Account Number:	
Routing Number:	
Credit my:	
Dollar Amount: \$	
Dollar Arriburit.	





Close Old Accounts

Send this form to your old financial institution to notify them that you're closing your account.







Tracking

Use this form to track and verify the transactions you are moving to your ALEC account.

