

# Steps to switch to KEMBA

Because KEMBA Credit Union is member owned, we focus on delivering the best value to our members everyday! Making the switch to KEMBA is easy and makes solid financial sense!

These tasks will help you transition to your new KEMBA account. Complete the information on the forms included and send them to the appropriate institutions. The information provided will sufficiently satisfy and ensure proper transition to your KEMBA account(s).

Tasks	Completed
My new KEMBA Member Number (Account Number) is: _____	
Stop using your old account. Allow all outstanding transactions and checks to post. This may take 10 days or longer. Be sure to do a final balance before closing.	
Destroy any unused checks from your old account. Shred them or bring them to KEMBA and we will destroy them for you. Don't forget to destroy your old Debit/ATM card.	
Change your direct deposits. Complete the direct deposit form and submit to your employer's payroll/ HR department, the Social Security Administration, or your retirement plan. You may be asked to include a voided check or deposit slip.	
Change all automatic payments or withdrawals. You can set up your bills on MyBranch bill pay and pay directly from your KEMBA checking account or complete the form included. Don't forget, any payments that were set up using your old debit card number. Remember to update any PayPal, Passbook or Smart phone app and internet accounts with your KEMBA account information.	
Close your old account(s). Send or take the form included to your old bank. At this point they can offer you a check for the remaining balance.	
Access KEMBA online at <a href="http://www.mykemba.org">www.mykemba.org</a> . Log into your MyBranch online banking account and add payees. You can make one time payments, schedule payments, or set up re-occurring transfers.	

If you have any questions or need assistance, please contact KEMBA Credit Union at 317-351-5235 or by email at [contact@mykemba.org](mailto:contact@mykemba.org). If you would like assistance setting up your payees for your MyBranch bill pay, we will be happy to help you!



YOUR SAVINGS INSURED TO \$250,000 PER ACCOUNT

**AMERICAN SHARE INSURANCE**

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. V102019



*Direct Deposit*

I am switching my account to KEMBA Credit Union.  
Please change my direct deposit.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Please change my direct deposit to:

KEMBA Credit Union  
444 S. Shortridge Road  
Indianapolis, Indiana 46219

KEMBA Routing Number: 274074163

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

Please stop making payments to:

Previous Institution: \_\_\_\_\_

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

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

I authorize this change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to your employer.



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This institution is an Equal Opportunity and Lender  
under the Americans with Disabilities Act. All requests for  
accommodations will get back their money.  
guarantee that depositors will get back their money.



*Automatic Withdrawal*

I am switching my account to KEMBA Credit Union.  
Please change my automatic withdrawal.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Please change my automatic withdrawal for:

Company \_\_\_\_\_  
Account Number \_\_\_\_\_

KEMBA Routing Number: 274074163

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

Previous Institution \_\_\_\_\_

Payment Amount \_\_\_\_\_

Please stop making payments to:

Previous Institution: \_\_\_\_\_

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

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

I authorize this change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this form to any company that receives your  
automatic withdrawal.



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*Account Switch*

Please close my account(s).

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ Phone \_\_\_\_\_

Please close the following accounts:

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

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

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

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

Please send a check for the remaining balance to:

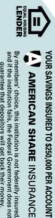
KEMBA Credit Union  
444 S Shortridge Road  
Indianapolis, Indiana 46219

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

I authorize this change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this to the financial institutions with the account(s) that  
you are closing.



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