



# Key Easy Transfer Kit

Form Name:	Account Number:	Type of Account:	Financial Institution:	Date Mailed or Date to Mail:	Follow-up Date/Action:	Item Complete:
Account Closure Request						<input type="checkbox"/>
Account Closure Request						<input type="checkbox"/>
Account Closure Request						<input type="checkbox"/>
Automatic Payment Deduction						<input type="checkbox"/>
Automatic Payment Deduction						<input type="checkbox"/>
Automatic Payment Deduction						<input type="checkbox"/>
Direct Deposit Enrollment						<input type="checkbox"/>
Direct Deposit Enrollment						<input type="checkbox"/>
Direct Deposit Enrollment						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Payroll Direct Deposit						<input type="checkbox"/>
Payroll Direct Deposit						<input type="checkbox"/>
Payroll Direct Deposit						<input type="checkbox"/>
Credit Card Balance Transfer						<input type="checkbox"/>
Credit Card Balance Transfer						<input type="checkbox"/>
Credit Card Balance Transfer						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Notes:

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Please be sure all automatic deductions and direct deposit requests have been completed prior to closing your existing/previous accounts. This may take 1-2 months to take effect.