

# CHIROPRACTIC FEDERAL CREDIT UNION

## Switch Kit Transfer Checklist

Use this form to be sure you've accounted for all payments and debits affecting your account.

	Company/Financial Institution	Account Number	Type of Account	Date Contacted	Follow-Up Date	Date Completed
Direct Deposit						
Direct Deposit						
Mortgage						
Auto Loan						
Auto/Home Insurance						
Gas/Electric						
Health Insurance						
Other						
Other						
Other						
Other						

Notes:

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23617 Liberty • Farmington, MI 48335  
248-478-4020 • 800-422-6424 • Fax: 248-478-7632  
[www.chirofcu.org](http://www.chirofcu.org)