



Switch Organizer

Use the Switch Organizer to record all automatic payments and withdrawals that are currently set up on your old account. As these transactions post to your new WaFd Bank account, keep track of them by marking them as switched. Once all of your automatic payments and withdrawals are marked as switched, you can close your old account. In order to protect your financial information, keep this document in a secure location.

Automatic Payments

<input type="checkbox"/> Mortgage/Rent	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Power/Electric	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Gas	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Water/Sewer	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Garbage/Recycle	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Phone/Cell Phone	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Cable/Satellite	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Internet Service	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Memberships Dues	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Homeowners Association	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> Daycare	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> IRA/Retirement	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>

Insurance: Homeowners, Renters, Auto, Life, or Other (Write the names of these companies in the blank spaces provided)

<input type="checkbox"/> _____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> _____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> _____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> _____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/> _____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>



Switch Organizer

Loans & Credit Cards: Automobile, Student, Department Store, or Other (Write the names of these companies in the blank spaces provided)

<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>

Additional Automatic Payments (Write the names of these companies in the blank spaces provided)

<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>

Direct Deposit

<input type="checkbox"/>	Employee Payroll	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	Retirement/Pension	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	Social Security	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	Investment Income	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>

Additional Direct Deposits (Write the names of these companies in the blank spaces provided)

<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>
<input type="checkbox"/>	_____	Date: _____	Account #: _____	\$ _____	Notified: <input type="checkbox"/>	Switched: <input type="checkbox"/>