Getting Started

Making the switch to the area's best banking today!

You can make the move to Washington Financial in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to Washington Financial, where you'll find the area's best banking!

Open your new account.

Apply online in minutes or visit your local branch to open your new Washington Financial account(s).

Once your account is open...

Switch your direct deposits and automatic withdrawals. If you have any automatic transactions, use the provided forms to seamlessly switch them to Washington Financial.

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to Washington Financial.





Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your Washington Financial account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change			Direct Deposit Checklist:	
Company or Employer: Address:				Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.
City, State, Zip:				Payroll
Phone Number:				Investments
Employee ID:				Retirement Plans
(if applicable)				Social Security
Effective immediately, p	lease deposit the net ar	mount of my check t	o my Washington	
Financial account. I auth	orize Washington Fina	ncial		
to automatically deposit	funds into the account	below. This authoriz	zation shall remain in	
place until I have submit	tted a new authorization	n, or until this autho	rization is changed or	
revoked by me in writing				
Place an X next to your de	sired option.			
	to Washington Financia			
Account #		Routing #	243374221	
	to Washington Financi	al SAVINGS		
Account #		Routing #	243374221	
Signature:			Date:	
_			Date:	
Name:				
Address:				
City, State, Zip:				
Phone Number:				





Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on record online on their website.

Notification of \	Withdrawal Authorization Chan	Automatic Withdrawal Checklist:				
Name of Company:			Use this list to remember all your			
Account Number:			automatic payments you need to			
Payment Amount:			transfer. These are some of the most commonly used automatic payments.			
Address:						
City, State, Zip:			Home Mortgage			
Phone Number:			Auto Loans			
			Utilities			
Please change my autor	matic withdrawal from the following account:		Insurance			
Financial Institution:			Cable/Internet			
Account #	Bank Routing #		Gym/Club Memberships			
Account II	Bank Routing #		Credit Cards			
Please make all future a	automatic withdrawals from the following accou	int:	Investments			
Financial Institution:	Washington Financial		Subscriptions			
Account #	Bank Routing # 2	243374221	Charity Donations			
Thank you very much	I.					
This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.						
Signature:	Da	te:				
Name:						
Address:						
City, State, Zip:						
Phone Number:						





Account Closure Authorization

Washington[™] Financial

You can authorize your remaining balance to be deposited automatically to your new Washington Financial account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of A	Account Closure Authorization	Congratulations!		
To Whom It May Conce	m:	You had to sign your name a few timesbut submitting these forms		
Financial Institution:		completes your switch to a truly better banking experience. We can't		
Address:		wait to show you the difference a local partner makes.		
City, State, Zip:		Welcome to Washington Financial!		
Please close my accou	nt:			
Account Number:	Primary Owner:			
Address:				
City, State, Zip:				
Please send the remain Place an X next to your des Please depo Account #				
Please forwa				
Primary Signature:	Date:			
Joint Signature:				
Name:				
Address:				
City, State, Zip:				
Phone Number:				

