

Washington Federal.

Easy Switch Kit.

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 Washington Federal 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"/> |

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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"/> |