

Switch to ALEC for the savings.
Stay with ALEC for the great member service.

At ALEC, we exist to improve the financial well-being of Abbott and AbbVie employees, retirees and their family members. This exclusive field of membership is unique in the world of financial services and affords us the ability to provide our members with top of the industry value and dedicated service.

Making the switch to ALEC is easy. Follow these simple steps to move your account to ALEC. We've provided everything you need to make the switch.

Now's the time!



Switch Kit Forms

Prepare:

- Get Organized
- Balance Your Existing Account

Make the switch:

- Direct Deposit
- Automatic Deposits
- Automatic Payments

Final steps:

- Close Your Old Account
- Keep Track of Your Changes

Welcome to the family.

[Get Started >>](#)



Get Organized

Use this form to list the transactions that you'll be switching to ALEC.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



Write your new member number here for easy reference:

ALEC Member Number:

ALEC Routing Number:

Service Center Address:

City/State/Zip:

List all the companies that make **direct deposits of payroll** to your old account:

Company Name	Account Number	Deposit Amount

List all the companies that make **automatic deposits** to your old account:

Company Name	Account Number	Deposit Amount

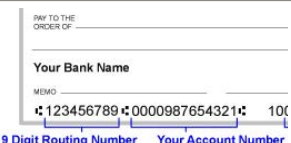
List all the companies that take **automatic deductions** from your old account:

Company Name	Account Number	Deposit Amount

Write your old account number and routing number here for easy reference:

Account Number:

Routing Number:



Helpful Info

Gather details of any activity that has occurred since your last statement, either online at your bank or in your check register. Consider any ATM withdrawals, checks or debit card purchases you may have made.

Make a call. Contact each company to find the address of the main accounting office, where you should send the forms. Make sure no other forms are required.

Need more space? Print as many copies of this form as you need.

Need help? Call us 24/7 at 800.762.9988.



Balance Your Account

Use this form to determine the balance in your old account and how much you'll need to leave in it to cover any outstanding expenses.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



Enter the **current balance** from your most recent statement:

\$

List **deposits** that do not appear on your statement:

Date: / /

\$

Date: / /

\$

Date: / /

\$

Add your current balance and recent deposits:

\$ **A**

List outstanding **checks, transfers, withdrawals** or **upcoming automatic deductions** that do not appear on your statement:

Description: Date: / /

\$

Description: Date: / /

\$

Description: Date: / /

\$

Description: Date: / /

\$

Description: Date: / /

\$

Description: Date: / /

\$

Description: Date: / /

\$

Description: Date: / /

\$

Add your outstanding items together:

(This is the amount you should leave in your old account.)

\$ **B**

Enter amount **A** :

\$

Enter amount **B** :

\$

Subtract **B** from **A** :

\$

(This is the amount you can transfer to your new ALEC account.)

Helpful Info

Make sure you're up to date.

Use debit card and ATM receipts and your check register to identify items that are not on your statement.

Need more space?

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Need help?

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Direct Deposit

Give this form to **your employer**, or other income source such as Social Security, to redirect your payroll or deposit into your ALEC account.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



Employee Name:

PLEASE PRINT

Employee ID or Social Security Number:

Employee Phone Number: ()

I wish to deposit to my Abbott Laboratories Employees Credit Union (ALEC) account: (check one)

Net Pay _____ % of Net Pay Specific Amount: _____

Account Number:

Checking Savings Money Market

Credit Union Address:

City/State/Zip:

Routing Number:

I authorize

EMPLOYER OR INCOME SOURCE

to initiate credit entries and, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries to my account at ALEC.

X Date: ___ / ___ / ___

Employee Signature

I understand that this authorization will remain in full force and effect until the company named here has received written notification from me of its termination in such time as to afford the company and depository a reasonable opportunity to act.

Helpful Info

If you are employed with Abbott, please use their designated form to redirect your payroll. You can find each designated form at alecu.org. If you are an AbbVie employee, please process your payroll request online via your HR system.

Verify the form.

Contact each employer or income source to make sure you are not required to use a special form.

Attach a personal

check from your new ALEC checking account with the word "VOID" written in ink across the front. **Do not sign the check.** Submit one form with a voided check to each employer or income source.

Track your request.

To confirm that this request has been completed, check your ALEC monthly statement, or contact an ALEC representative 24/7 at 800.762.9988.

Need help?

Call us 24/7 at 800.762.9988.



By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured.

Rev 10/2022

ALEC

Incoming Electronic Transfers

Complete this form and submit to your old financial institution to have electronic transfers automatically sent to your ALEC account via electronic transfer.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



Transfer Information:

Member Name:

Address:

City/State/Zip:

Member Number:

Credit my ALEC: Checking Savings Loan (Note Number)

Dollar Amount: Start Date: / /

Frequency: Monthly (per requested date)

Other:

Institution Information:

Institution Name:

Address:

City/State/Zip:

Account Number:

Routing Number:

Debit my: Checking Savings Money Market

Dollar Amount: \$

Signature:

I authorize Abbott Laboratories Employees Credit Union (ALEC) to pay and charge my checking/savings account. This authorization will remain in effect until revoked by me in writing, and until such noticed is received by ALEC, I agree that ALEC will be fully protected in collecting any such debit. I agree that ALEC's treatment of each such debit, and the rights in respect to it, shall be the same as if it were signed personally by me and that if any such debit is dishonored, with or without cause, ALEC shall be under no liability whatsoever.

X

Date: / /

Helpful Info

Mail one form to each of the institutions that is authorized to make automatic deductions from your account.

Verify the form. Contact each institution to make sure you are not required to use a special form.

Attach a personal check from your new ALEC checking account with the word "VOID" written in ink across the front. **Do not sign the check.** Mail one form with a voided check to each institution.

Track your request. To confirm that this request has been completed, check your ALEC monthly statement, or contact an ALEC representative 24/7 at 800.762.9988.

Need more space? Print as many copies of this form as you need.

Need help? Call us 24/7 at 800.762.9988.



By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured.

Rev 10/2022

ALEC

Outgoing Electronic Transfers

Complete and return this form to ALEC to have transfers to other financial institutions automatically deducted from your ALEC account via electronic transfer.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



Transfer Information:

Member Name:

Address:

City/State/Zip:

Member Number:

Debit my ALEC: Checking Savings (limit of 6 per month)

Dollar Amount: Start Date: / /

Frequency: Monthly (per requested date)

Other:

Institution Information:

Institution Name:

Address:

City/State/Zip:

Account Number:

Routing Number:

Credit my: Checking Savings Loan _____
(Note Number - if applicable)

Dollar Amount: \$

Signature:

I authorize Abbott Laboratories Employees Credit Union (ALEC) to pay and charge my checking/savings account. This authorization will remain in effect until revoked by me in writing, and until such noticed is received by ALEC, I agree that ALEC will be fully protected in collecting any such debit. I agree that ALEC's treatment of each such debit, and the rights in respect to it, shall be the same as if it were signed personally by me and that if any such debit is dishonored, with or without cause, ALEC shall be under no liability whatsoever.

X

Date: / /

Helpful Info

Track your request.

To confirm that this request has been completed, check your ALEC monthly statement, or contact an ALEC representative 24/7 at 800.762.9988.

Need more space?

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Need help?

Call us 24/7 at 800.762.9988.



By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured.

Rev 10/2022

ALEC

Close Old Accounts

Send this form to your old financial institution to notify them that you're closing your account.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



To whom it may concern:

Please close my bank account(s) as described below effective ___ / ___ / ___

Primary Name on Account:

Account Number:

Checking Savings Money Market

Please remit any remaining balance in this account.

Payable to:

Address:

City/State/Zip:

If you have any questions, please call me at: ()

Secondary account, if applicable:

Primary Name on Account:

Account Number:

Checking Savings Money Market

Please remit any remaining balance in this account.

Payable to:

Address:

City/State/Zip:

Signatures:

Primary: Date: ___ / ___ / ___

Joint: Date: ___ / ___ / ___

Helpful Info

Timing is everything.

Once your last check, automatic deduction and automatic deposit have cleared, you're ready to close your old account(s).

Send this form to

your old financial institution after all of your existing checks, deposits, direct deposits, automatic payments and pre-authorized transfers have cleared.

Need more space?

Print as many copies of this form as you need.

Need help?

Call us 24/7 at 800.762.9988.



By members' choice, your deposits are insured by American Share Insurance up to \$250,000 per account. This institution is not federally insured.

Rev 10/2022



Tracking

Use this form to track and verify the transactions you are moving to your ALEC account.

If you have not already opened an ALEC account, please go to alecu.org, call 800.762.9988 or visit any Service Center.



Direct Deposits / Automatic Deposits:

Company Name & Phone Number	Date Letter Mailed	Estimated Switch Date	Verified
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Automatic Deductions:

Company Name & Phone Number	Date Letter Mailed	Estimated Switch Date	Verified
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Helpful Info

Estimated Switch Date

When should you expect the switch to take effect? Generally, estimate two months from the time the company receives the form you filled out.

Need more space?

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