

# 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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