

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:



Southfield Office
 Providence Medical Building
 22250 Providence Drive
 Southfield, MI 48075
 248-996-6070 • Fax: 248-849-5391

Novi Branch
 Providence Park Medical Office Building
 26850 Providence Parkway, Suite 110
 Novi, MI 48374
 248-662-0383 • Fax: 248-662-0385