#### Make the move today!

# **Switch Kit**



#### Moving your account is a breeze!

Moving a checking account can be easy! We have outlined five quick and easy steps below to get you on your way.



### **Identify Items to Switch**

Identify the items you want to *switch* to First Community Credit Union (FCCU) using our *Switch Kit Checklist*. This may include checking or savings accounts, loans, direct deposits from employers, and electronic withdrawals from bills you have set up for automatic payment.



# **Open New Account**

Establish your new account with First Community Credit Union. You can begin this process by completing the *Switch Kit New Account Application* and submitting it to the credit union branch nearest you. All branch locations can be found on the back of the Switch Kit brochure.



### **Direct Deposit**

If you currently have your payroll being directly deposited into another financial institution, inform your employer's payroll department to update your account information. Provide them with the *Direct Deposit Authorization Form*, which will include your new deposit account number.



# **Automatic Payments**

Complete the *Automatic Payment Change Form* for any company that currently makes automatic withdrawals from your account, such as utilities, insurance, mortgage payment, car payment, gym membership, cable/internet, cell phone, etc... This would include anyone that currently uses your old debit or credit card to make payments automatically each month.



### **Close Old Account**

Close your account at your current financial institution with ease! Complete the *Request to Close Account* form and we will send it to your financial institution. Be sure to leave this account open long enough to allow for any outstanding checks and automatic withdrawals to clear. Once you are sure everything has transitioned to your new account, you can transfer the account balance to your new checking. You will want to destroy any remaining old checks, ATM/Debit cards, and deposit slips.





Use this checklist to help you make the switch to First Community Credit Union. The following is a list of bills to help you take an inventory of your existing accounts to determine what you have setup for automatic payments. Don't forget about periodic bills that you may have. Check them off as you contact each one and switch the automatic payment information to your new FCCU account.

- Insurance (homeowners, renters, automobile, recreational)
- Loan payments (mortgage, car)
- Utilities (electricity, water/sewer, trash pickup, cable/satellite TV, internet)
- Household bills (phone, daycare, newspaper, PayPal account)

	Company Name	mpany Name Address, City, State & Zip	
$\Box$			



## **Switch Kit New Account Application**

Please complete, sign and return this application to the First Community Credit Union (FCCU) branch nearest you or mail to: PO Box 2075, Jamestown ND 58402-2075. You may also apply online at www.myFCCU.com.

PLEASE SELECT THE PROD	OUCTS/SERVICES THAT YO	OU ARE APPLYING FOR:			
Savings Account	gs Account Debit/ATM Card FREEdom Online Money Ma		/ Market		
Checking Account	Bill Pay Online	Direct Deposit	Overdr	raft Protection	
eStatements	VISA Credit Card				
SECTION 1: PERSONAL IN	FORMATION				
Name (First, Middle Initia	l, Last):				
Home Address:		City:	State:	Zip:	
Years There:	Home Phone:		Cell Phone:		
Drivers License #:		State Issued: D	ate Issued:	Exp:	
Social Security Number: Date of Birth:					
mail Address: Present Employer:					
Business Phone:		_Business Address:			
SECTION 2: JOINT ACCOU	INT HOLDER INFORMATION	ON			
Name (First, Middle Initia	l, Last):				
Home Address:		City:	State:	Zip:	
Years There:	Home Phone:	Cell Phone:			
Drivers License #:		State Issued: D	ate Issued:	Exp:	
Social Security Number: _	ocial Security Number: Date of Birth:				
Email Address:	mail Address: Present Employer:				
Business Phone:		_Business Address:			
agency. If you request, FCCU will tell you	Iformation, data and employment history I the name and address of any credit agen Information on loan applications	cy from which it received a report on yo	u. You understand that it is a fe		
Applicant Signature:			Date		
Ioint Signature:			Date		



### **Direct Deposit Authorization Form**

Please complete this form and send or take it to the payroll department of your employer (a voided check or deposit slip may also be required). If you receive direct deposits from other organizations (Social Security, Military, etc...) that you would like to move to First Community Credit Union (FCCU), you should mail completed copies of this form to them as well.

Name	of Depositor (your name):					
Addres	ss:					
City: _		State:	Zip Code:			
Please	make this change effective: _					
	_		Day / Year			
N S T   T U T   O N	PO Box 2180  Jamestown, ND 58402-2180  ABA / Routing Number: 291378693  FCCU Checking Account Number:					
automa	•	above, and to discontinu	ned above to deposit my paycheck or other periodi e any other direct deposits that are currently in vriting.			
Signature			Date			



### **Automatic Payment Change Form**

Please complete this form for any company/organization (payee) that is paid automatically from your checking account, and mail it to that payee. To expedite this process, you may wish to call the organization directly or visit their website to change this information or for any specific instructions or requirements. Please note some automatic payment changes can take 30 days to process. First Community Credit Union (FCCU) cannot cancel any direct payments originating with another company/organization.

To (em	ployer or organization):
Payee I	Account Number:
Name	of Depositor (your name):
Addres	s:
	State: Zip Code:
Please	make this change effective:
	Month / Day / Year
N S T   T U T   O N	First Community Credit Union PO Box 2180  Jamestown, ND 58402-2180  ABA / Routing Number: 291378693  FCCU Checking Account Number:
	re on the date specified above, all automatic payments debited on my behalf for the Payee Account or listed above should be switched to the FCCU account specified.
Signatu	re Date



### **Request to Close Account Form**

Please complete a copy of this form and send or take it to your bank or other financial institution. To (previous institution): Account Number: Account Holder (your name): City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ I hereby authorize and instruct the named financial institution to close the account indicated and send a check for the total remaining balance, if applicable, to my address listed on this form. Please make this change effective: Month / Day / Year Signature Date



800-850-7676 myFCCU.com