

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.

### 1 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.

### 2 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.

### 3 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.

### 4 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.

### 5 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	Address, City, State & Zip	Phone Number
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
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# 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](http://www.myFCCU.com).

## PLEASE SELECT THE PRODUCTS/SERVICES THAT YOU ARE APPLYING FOR:

- Savings Account       Debit/ATM Card       FREEdom Online       Money Market
- Checking Account       Bill Pay Online       Direct Deposit       Overdraft Protection
- eStatements       VISA Credit Card

## SECTION 1: PERSONAL INFORMATION

Name (First, Middle Initial, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Years There: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

## SECTION 2: JOINT ACCOUNT HOLDER INFORMATION

Name (First, Middle Initial, Last): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Years There: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Exp: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Address: \_\_\_\_\_

I authorize FCCU to verify my financial information, data and employment history by any means necessary, including obtaining a consumer report by any consumer-reporting agency. If you request, FCCU will tell you the name and address of any credit agency from which it received a report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to Federal Credit Unions insured by the NCUA.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Joint 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.

**To (employer or organization):** \_\_\_\_\_

Please accept this notice as permission to have my paycheck or other periodic automatic credit deposited into the FCCU account listed below. I would also like to discontinue any other direct deposits that I currently have established with other financial institutions.

**Name of Depositor (your name):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Please make this change effective:** \_\_\_\_\_

Month / Day / Year

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**First Community Credit Union  
PO Box 2180  
Jamestown, ND 58402-2180**

**ABA / Routing Number: 291378693**

**FCCU Checking Account Number:** \_\_\_\_\_

*(Please refer to the bottom center of your checks for your 11-digit account number.)*

**OR**

**FCCU Member Number – Suffix:** \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize and instruct the company or organization named above to deposit my paycheck or other periodic automatic credit into the FCCU account above, and to discontinue any other direct deposits that are currently in place. This request is to remain in effect until changed by me in writing.

\_\_\_\_\_  
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 (employer or organization): \_\_\_\_\_

Payee Account Number: \_\_\_\_\_

Name of Depositor (your name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please make this change effective: \_\_\_\_\_  
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**First Community Credit Union**  
**PO Box 2180**  
**Jamestown, ND 58402-2180**

**ABA / Routing Number: 291378693**

**FCCU Checking Account Number:** \_\_\_\_\_  
*(Please refer to the bottom center of your checks for your 11-digit account number.)*

\*We recommend you have all automatic payments drafted using your checking account and routing numbers to avoid updating the information in the event your debit card number changes. To have a payment drafted from your debit card, please contact the company/organization directly.

Effective on the date specified above, all automatic payments debited on my behalf for the Payee Account Number listed above should be switched to the FCCU account specified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*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):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**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

**Jamestown**

111 9<sup>th</sup> St SW  
PO Box 2075  
Jamestown, ND 58402-2075  
701-252-0360 or 800-850-7676

606 25<sup>th</sup> St SW  
PO Box 2075  
Jamestown, ND 58402-2075

**Valley City**

115 5<sup>th</sup> Ave NE  
PO Box 36  
Valley City, ND 58072  
701-845-4647

**Napoleon**

97 Broadway  
PO Box 30  
Napoleon, ND 58561-0030  
701-754-2475

**Oakes**

103 N 7<sup>th</sup> St  
PO Box 131  
Oakes, ND 58474-0131  
701-742-2376

**Steele**

202 Mitchell Ave NW  
PO Box 199  
Steele, ND 58482-0199  
701-475-2716

**Bismarck**

425 N 5<sup>th</sup> St  
PO Box 5012  
Bismarck, ND 58502-5012  
701-258-2751

3201 Weiss Ave  
PO Box 7009  
Bismarck, ND 58507-7009  
701-355-4581

**Wahpeton**

1601 Wheatland Rd  
PO Box 35  
Wahpeton, ND 58075-0035  
701-642-2020

**Hankinson**

334 Main Ave S  
PO Box 126  
Hankinson, ND 58041-0126  
701-242-7644

**Wishek**

1307 Beaver Ave  
PO Box 786  
Wishek, ND 58495-0786  
701-452-2245

**Milnor**

302 5<sup>th</sup> Ave  
PO Box 277  
Milnor, ND 58060  
701-427-5246

**Fargo**

4521 19<sup>th</sup> Ave S  
Fargo, ND 58103  
701-282-9011

1404 12<sup>th</sup> Ave N  
Fargo, ND 58105  
701-293-6132

**Portland**

213 Parke Ave  
PO Box 307  
Portland, ND 58274  
701-788-3025



800-850-7676  
myFCCU.com