

Your Checking Account Switch Kit

...we make it easy for you!

This kit will help you make a smooth and easy transition to the benefits of Fidelity Federal Credit Union Checking. Please feel free to stop by or give us a call if you need assistance.

Here's How...

Open Your New Fidelity FCU No Fee Checking Account. (Go to Forms and Applications on the Home Page -- then Checking Applications)

This account is a convenient and cost-saving way to manage your day-to-day finances. Only \$50 to open your account and your funds earn a competitive dividend rate on average daily balances over \$1500.

- No monthly service fees
- Free transactions at FFCU ATMs*
- Free Home Banking and Bill Pay
- **Free & unlimited use of Visa Check Card**
- No per check charges

You may also use Credit Union Service Centers across the city and the country for many transactions.

Then, just fill out the forms on the following pages and send them to the appropriate parties.

Phone 678-420-7720, Office located at 6690 Roswell Rd. NE, Ste 1100, Sandy Springs, 30328

Change Direct Deposit

To Whom It May Concern:

Please redirect my direct deposit per my instructions to the financial institution indicated below:

My Name

Street Address

City State Zip Code

Phone # Day/Evening

Social Security # or Employee ID

Previous Financial Institution Name

Acct. #

I authorize my direct deposit to be routed to:

Fidelity Federal Credit Union

6690 Roswell Rd. NE, Suite 1100, Sandy Springs, GA 30328

Phone # 678-420-7720

Checking Savings

FFCU Account # _____ FFCU Routing # 261171273

If depositing into your Fidelity Federal checking account, please include the digits printed on the bottom of your Fidelity Federal checks.

Note: We suggest that you call your human resource/payroll office to find out if you will also need to submit a voided Fidelity Federal check or deposit slip with this form.

Employee Signature

Date

This form goes to your human resource or payroll office.

Change Social Security direct deposit by calling 1.800.772.1213.

Change Automatic Payment

To Whom it may Concern at _____:
(Company or payee to receive payment)

You are currently withdrawing \$_____ from my/our account number _____, for my/our_____. This payment is
(what payment is for)

being taken from my/our account at _____.
(name of bank or other financial institution)

Please route my automatic payment per my instructions to the financial institution indicated below:

My Name _____

Street Address _____

City State Zip Code Phone # Day / Evening

I authorize my automatic payment to be debited: ___ Monthly ___ Weekly

Effective: ___ Immediately or Beginning: _____
(Date)

From my/our account at:

Fidelity Federal Credit Union

6690 Roswell Rd. NE, Suite 1100, Sandy Springs, GA 30328

From: ___ Checking ___ Savings

My Fidelity Federal Account # _____

Fidelity Federal Routing # 261171273

If automatic payment is to be debited from your FFCU checking account, please include the digits printed on the bottom of your FFCU checks.

Note: We suggest that you call the company or payee to find out if you will also need to submit a voided Fidelity Federal check or deposit slip with this form.

Authorizing Signature(s)

Date: _____

This form goes to the company or payee.

Close Checking Account

IMPORTANT NOTE: Make sure all the checks that you have written have cleared your checking account before sending this form.

To Whom It May Concern at _____:
Previous Financial Institution

Please close my/our account as instructed here and forward the remaining balance from the account to the financial institution indicated below:

Checking Account # to be Closed

Name(s) on the Account

Street Address

City State Zip Phone # Day / Evening

I/we authorize the closure of my/our account effective as of: _____.

___ Please close my/our checking account as instructed and forward the remaining balance to:

Fidelity Federal Credit Union

6690 Roswell Rd. NE, Suite 1100, Sandy Springs, GA 30328

Fidelity Federal Checking Account # _____

Primary Account Owner's Authorizing Signature

Date

Joint Account Owner's Authorizing Signature

Date

This form goes to your old financial institution.