

FG5 Switch Kit

Switching your accounts to FCB only takes a few easy steps!

- 1. Open your new FCB account at the nearest FCB Banks location or in our Online Account Opening Center at fcbbanks.com. Don't forget to sign up for our Electronic Banking services!
- 2. Stop using your old checking account(s) and allow outstanding payments and checks to clear the account(s).
- 3. Set up your direct deposit(s) by sending the Direct Deposit Change **Request** (Form 1) to your employer or your retirement plan along with a voided FCB Banks check.
 - a. You can set up your Social Security Benefits by visiting GoDirect.gov or calling the Social Security Administration at 800-333-1795.
- 4. Change your automatic payments using the Automatic Payment Change Request (Form 2). This form can be used for all automatic payments or withdrawals from your account. Remember to switch over payments processed through your debit card as well.
- 5. When all of your pending payments have cleared your old account and your automatic payments have cleared your new FCB Banks account, close your old account using the Account Closing Authorization (Form 3).

Track your progress: ☐ Open your new FCB account ☐ Sign up for Online Banking, Bill Pay, and e-statements ☐ Verify there are enough funds in your old account to cover outstanding payments ☐ Transfer any automatic debit card payments to your new FCB debit card ☐ Contact your direct deposit providers to alert them of your new account ☐ Confirm all credits and debits have cleared your old account ☐ Confirm all automatic payments have cleared your new FCB account ☐ Close your old account by sending written notice to your financial institution **Questions? Concerns?** Stop by any location or call

Customer Service at 866-323-4322 8 am – 8 pm Mon-Sat





Use these lists to keep track of which direct deposits and automatic payments have been switched:

Deposits	Company Name	Account Number	Date Sent	✓
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				

Automatic Payments	Company Name	Account Number	Date Sent	✓
Mortgage/Rent				
Car				
Car				
Insurance				
Insurance				
Telephone				
Cell Phone				
Electricity				
Gas				
Water				
Cable/Satellite				
Internet Service				
Other				
Other				
Other				





Direct Deposit Change Request – Form 1				
☐ Change ☐ New				
Company Information				
Name	Date			
Address				
City, State, Zip	Phone			
Individual Information				
Name	Date			
Address				
City, State, Zip	Phone			
I have closed account number at and hereby authorize the transfer of my direct deposit to my resubmit this letter as written notification.				
Deposit Instructions				
Financial Institution: FCB Banks				
Routing Number: 081025198 (FCB Banks)				
☐ Deposit the entire amount into account number	·			
☐ Deposit \$ into account number remainder into account number				
 I authorize: The above listed entity to initiate deposit of my funds to FCB Banks to credit entries to my account The notice to remain in effect until I send written notice 	, ,			
Signature	Date			



Printed Name



Automatic Payment Change Request – Form 2

Complete a separate form for each payment. This form may many automatic payments can be set up directly in FCB Bar	
□ Change □ New	
Customer Information	
Name	Date
Address	
City, State, Zip	Phone
Vendor/Payee Information (Complete as much as possil	ble)
Name	Account Number
Address	
City, State, Zip	Phone
New Bank Information	
Financial Institution: FCB Banks	
Routing Number: 081025198 (FCB Banks)	
Account Number:	
☐ Checking ☐ Savings	
Effective immediately, I authorize the above referenced Ven initiate entries into my FCB Banks account. This authoriza notify the referenced vendor in writing to cancel this requestime.	ation will remain in effect until I
Signature	Date
Printed Name	





Account Closing Authorization – $Form \ \mathcal{3}$

To:	
(Current financial institution)	
From:	
Name	Date
Address	
City, State, Zip	Phone
Accounts:	
Account Number:	$_$ \Box Checking \Box Savings \Box Other
Account Number:	$_$ \square Checking \square Savings \square Other
Account Number:	_ □ Checking □ Savings □ Other
Account Number:	_ □ Checking □ Savings □ Other
I hereby authorize the above listed account(s) be closed. in these accounts to:	Please mail any remaining funds
\square Me, at the above listed address	
☐ FCB Banks Attn: Customer Service 2610 N Illinois St Swansea IL 62226 FCB account number to be credited:	
Primary Account Holder Signature	Date
Printed Name	
Joint Account Holder Signature	Date

Printed Name

Note: Prior to sending this Account Closing Authorization, please review your FCB Banks account statements to ensure all payments and deposits have been switched to your new FCB Banks account.



