

Getting Started

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Making the switch to better banking today!

You can make the move to First Secure Community Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. If you have any questions, please feel free to ask a banker.

1

Open your new account.

Visit your local Banking Center to open your new First Secure Community Bank account(s).

2

Switch your direct deposits and automatic withdrawals.

If you have any automatic transactions, use the provided forms to seamlessly switch them to First Secure Community Bank.

3

Close your old account.

Simply fill out the provided form to close your old account(s). Any remaining account balance will be transferred to First Secure Community Bank.

Direct Deposit Authorization

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Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your First Secure Community Bank account. Use one form for each direct deposit.

Notification of Direct Deposit Authorization Change

Company or Employer:

Address:

City, State, Zip:

Phone Number:

Employee ID:
(if applicable)

Effective immediately, please deposit the net amount of my check to my First Secure Community Bank account. I authorize (name of depositor) to automatically deposit funds into the account below. This authorization shall remain in place until I have submitted a new authorization, or until this authorization is changed or revoked by me in writing.

Place an X next to your desired option.

☐

Net amount to First Secure Community Bank CHECKING

Account # Routing #

☐

Net amount to First Secure Community Bank SAVINGS

Account # Routing #

Signature: Date:

Name:

Address:

City, State, Zip:

Phone Number:

Direct Deposit Checklist:

Use this list to remember all your direct deposits you need to transfer. These are the most common direct deposits.

- ☐ Payroll
- ☐ Investments
- ☐ Retirement Plans
- ☐ Social Security



Automatic Withdrawal Authorization

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Use this form to authorize a change to any automatic payment, deductions, or withdrawals from your account. Use one form for each automatic withdrawal. Or, many companies and agencies make it easy to change your account on their website.

Notification of Withdrawal Authorization Change

Name of Company:

Account Number:

Payment Amount:

Address:

City, State, Zip:

Phone Number:

Please cancel all automatic withdrawals from **my old institution**:

Financial Institution:

Account # Bank Routing #

Please make all future automatic withdrawals from **my new institution**:

Financial Institution: **First Secure Community Bank**

Account # Bank Routing # **071926058**

This authorization will remain in effect until I have submitted to you a new authorization, or until you have been notified by me in writing that this authorization has been changed or revoked.

Signature: Date:

Name:

Address:

City, State, Zip:

Phone Number:

Automatic Withdrawal Checklist:

Use this list to remember all your automatic payments you need to transfer. These are some of the most commonly used automatic payments.

- ☐ Home Mortgage
- ☐ Auto Loans
- ☐ Utilities
- ☐ Insurance
- ☐ Cable/Internet
- ☐ Gym/Club Memberships
- ☐ Credit Cards
- ☐ Cell Phone
- ☐ Subscriptions
- ☐ Charity Donations



Account Closure Authorization

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You can authorize your remaining balance to be deposited automatically to your new First Secure Community Bank account(s) or paid by a check forwarded to your mailing address.

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:
Address:
City, State, Zip:

Please close my account:

Account Number: Primary Owner:
Address:
City, State, Zip:

Please send the remaining balance to:

Place an X next to your desired option.

☐ Please deposit directly to my new account at First Secure Community Bank.
Account # Routing # **071926058**

☐ Please forward me a check to my address listed below.

Primary Signature: Date:
Joint Signature:
Name:
Address:
City, State, Zip:
Phone Number: