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WWW.1STCOOPERATIVE.COM

Switch Kit

We've taken the hassle out of moving your checking or savings account from your old bank with step-by-step instructions and simple-to-complete forms.

- 1. Open your new savings or checking account at 1st Cooperative FCU.** Visit or call our office (803-796-0234), talk with your local co-op's Credit Union Contact, or complete the easy form at www.1stCooperative.com. Click the "Join" link at the top of the home page.
- 2. Stop using your old checking or savings account** and let the checks you have written clear. This should take about two weeks.
- 3. Set up your payroll or other direct deposit** to your new 1st Cooperative FCU account. Complete **FORM 1** and give it to your employer, your retirement plan or the Social Security Administration. (To set up direct deposit for Social Security payments, you may also call 1-800-333-1795 or visit GoDirect.org.) Be sure to include a voided 1st Cooperative FCU check (not a deposit slip) with your request. If you don't use checks, call 1st Cooperative FCU (803-796-0234) for the needed information. Please feel free to make as many copies of this form as needed.
- 4. Change your automatic payments made from your old account.** You can use **FORM 2** to change any withdrawals or payments that are automatically made from your old account. Don't forget to change those payments that use your debit card number, such as automatic payments made online. Please feel free to make as many copies of this form as needed.
- 5. Close your old account.** After your checks have cleared and you've changed your automatic deposits and payments, there's just one more step. Use **FORM 3** to say goodbye to your old bank. Please feel free to make as many copies of this form as needed.

If you have any questions or concerns during this process, don't hesitate to contact us:

- Visit the 1st Cooperative FCU office
- Call us at 803-796-0234
- Speak with your co-op's Credit Union Contact

Form 1

Provide to your employer and others who make direct deposits to your account.

Date

To:

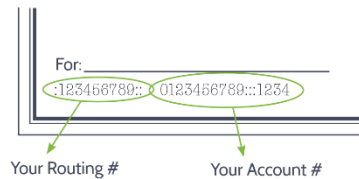
Company making the direct deposit

Mailing address, City, State Zip code

You are currently depositing some or all of my paycheck or a type of payment into the following account:

My old bank

My old bank's routing number My old account number



Please begin making these automatic deposits into my new 1st Cooperative Federal Credit Union account.

253278333

1st Cooperative FCU routing number My new account number

If you have any questions about this request, please call me. Thank you.

Name (please print) Signature

Address, City, State Zip code

Telephone: Day / Evening (circle one)

Please include a voided 1st Cooperative Federal Credit Union check (not a deposit slip) with your request.

Form 2

Send to companies you pay with automatic payments.

_____ Date

To:

_____ Company making withdrawal

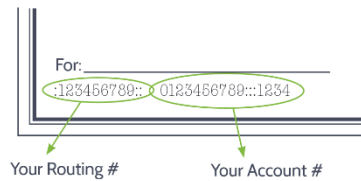
_____ Mailing address, City, State Zip code

I have recently changed to 1st Cooperative Federal Credit Union. You are currently withdrawing \$ _____ each month from the following account:

_____ My old bank

_____ My old bank's routing number My old account number

_____ For (payment or reason) On (date of month)



Please stop making withdrawals from this account on ____ / ____ / ____ (mm/dd/yyyy) and start making withdrawals from my new 1st Cooperative Federal Credit Union account.

253278333
_____ 1st Cooperative FCU routing number My new account number

If you have any questions about this request, please call me. Thank you.

_____ Name (please print) Signature

_____ Address, City, State Zip code

_____ Telephone: Day / Evening (circle one)

Please include a voided 1st Cooperative Federal Credit Union check (not a deposit slip) with your request.

Form 3

Send to the financial institution where you are closing an account.

Date

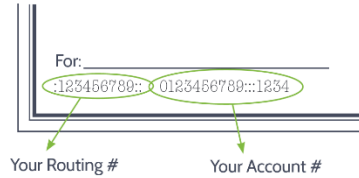
To:

Bank name

Address, City, State Zip code

Please close my account.

The account number is: _____



Please send a check for the balance remaining to the address below.

If you have any questions about this request, please call me. Thank you.

Name (please print) Signature

Joint owner name, if applicable (please print) Signature

Address, City, State Zip code

Telephone: Day / Evening (circle one)

Switch Kit transfer checklist

	Company/ Financial Institution	Account Number	Type of Account	Date Mailed or Contracted	Follow-Up Date	Item Complete
Direct Deposit						
Direct Deposit						
Automatic Payment						
Automatic Payment						
Automatic Payment						
Automatic Payment						
Credit Card Balance Transfer						
Credit Card Balance Transfer						
Automatic Closure						
Automatic Closure						