

With our simple switch kit, the worry of changing financial institutions is made easy!

Please complete the requested information below, regarding your new and current checking accounts, direct deposits (payroll, retirement, social security, etc.) and any automatic payments you may have.

Mark off each item on the following checklist as you complete the item or form.

- Complete the Direct Deposit/Direct Debit Checklist. This checklist will help you keep track of deposits and payments that need to be redirected to your account and the dates which the change will be effective.
- Make sure enough funds are available in your old account to cover any automatic payments and outstanding checks that may clear your account.
- Once all checks have cleared your old checking account, destroy old checks, deposit slips and ATM/debit cards.

Follow the additional instructions for each of the forms listed below; you may need to send the forms to the company making a deposit or debit from your account.

- Complete the Authorization to Transfer Funds Form. This form allows you to transfer all or part of your balances from your old Financial Institution and close the accounts, if desired. Send this form to your old Financial Institution.
- Complete the Direct Deposit Form. This form authorizes your employer, Social Security, retirement deposits, etc., to deposit the amount(s) you indicate into your FFCU account. Send this form to the company depositing the funds.
- Complete the Automatic Payment Transfer Request Form. This form authorizes your existing service providers or merchants to redirect your electronic payments to your FFCU account. i.e. - utility companies, Mortgage Company, etc. You can also cancel your current payment option(s) and use our online bill pay to set up payments from your FFCU account.
- Complete the Automatic Funds Transfer Form if you want to have regular transfers and payments made from one of your FFCU sub-accounts to another one of your FFCU sub-accounts or loan(s).

If you have any questions regarding your account, please contact us at 847-676-8000. Thank you.



Use this Checklist along with the Direct Deposit Form and Automatic Payment Transfer Form to keep track of who you need to send updated account information to.

Deposits	Company Name/Address	Account Number	Phone #	Effective Date
Payments	Company Name/Address	Account Number	Phone #	Effective Change Date

If you have any questions regarding your account, please contact us at 847-676-8000. Thank you.



First Financial Credit Union Account Information:

Owner Name: _____

Member Number: _____

Joint Owner: _____

Transfer Account Funds From:

Financial Institution Name: _____

Address: _____

City/State/Zip: _____ Phone Number: _____

Instructions For Transferring Institution:

How much:

- Transfer all funds
- Transfer exactly: _____

When:

- Transfer Immediately
- Transfer on the following date: _____

Closing Account(s)

I am authorizing closure of the following Accounts on the date shown:

Account Number: _____ Type: _____ Date: _____

Account Number: _____ Type: _____ Date: _____

Account Number: _____ Type: _____ Date: _____

Other Instructions:

Please accept this letter as my authorization to transfer funds from the above named account to:

First Financial Credit Union
Attn: Member Services
5550 W Touhy Ave, Suite 102
Skokie, IL 60077

First Financial Credit Union Routing Number: **271989112**

Please make the check payable to First Financial Credit Union and note on the check that it is for deposit to my First Financial account # _____

Owner's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

Please maintain a balance in your old account to cover all outstanding withdrawals. First Financial Credit Union is not responsible for charges occurred for insufficient funds from your previous financial institution. You are responsible for verifying any changes and account closures, please continue to monitor your old account while your requested changes are made.



Use this form to change direct deposits from your employer, pension or retirement plan, Social Security, or CD interest payments. Keep a copy for your records and deliver one copy to the company or institution you are receiving payments from.

NEW AUTHORIZATION

CHANGE EXISTING AUTHORIZATION

First Name _____ Last Name _____

Employer _____ Social Security Number _____

Home Phone _____ Work Phone _____

Routing Number 217989112 Account Number _____

(Please include 3-digit sub-account suffix)

Effective Date _____ Account Type: Savings
 Checking

I hereby authorize my employer to directly deposit my entire pay each payroll period until further notice in my First Financial Credit Union Account.

I hereby authorize my employer to deduct \$_____ from my pay each payroll period until further notice, and deposit it in my First Financial Credit Union account.

I hereby authorize my employer to cancel my direct deposit to my First Financial account.

Signature _____ Date _____

If you have any questions regarding your account, please contact us at 847-676-8000. Thank you.



Please fill out a form for each automatic payment you are requesting to transfer. Keep a copy of this form for your records and send a copy to the company you are making the payment to.

Name of Payee/Merchant: _____

Payee/Merchant Address: _____

Account #: _____ Amount of Payment: \$ _____

Phone Number: _____ Date: _____

I hereby authorize and request that my electronic payment previously from:

Account # _____ at _____

(financial institution)

Be changed to **First Financial Credit Union**
5550 W Touhy Ave, Suite 102
Skokie, IL 60077
(ABA Routing Number 271989112)

Checking Savings

First Financial Credit Union Account # _____

I authorize this change in electronic payment effective: _____

Signature: _____ Date: _____

Some companies may require you to complete their own form for regular electronic payments. Most companies need at least a 2 week notice to change an electronic payment method, please check with the company to see when payment from your new account will begin.

Please maintain a balance in your old account to cover all outstanding withdrawals. First Financial Credit Union is not responsible for charges occurred for insufficient funds from your previous financial institution. You are responsible for verifying any changes and account closures, please continue to monitor your old account and payments.

If you have any questions regarding your account, please contact us at 847-676-8000. Thank you.

Use this form to tell us what kind of regular transfers and payments you would like to be made from one of your FFCU sub-accounts to another of your FFCU sub-accounts or loan(s).

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Member Number _____

NEW AFT FORM

DELETE CURRENT AFT

Transfer from sub-account _____ Transfer to sub-account _____

Amount _____ Starting Date _____

Frequency Monthly Weekly Bi-Weekly Other

(Please circle one)

If Other, please specify _____

NEW AFT FORM

DELETE CURRENT AFT

Transfer from sub-account _____ Transfer to sub-account _____

Amount _____ Starting Date _____

Frequency Monthly Weekly Bi-Weekly Other

(Please circle one)

If Other, please specify _____

NEW AFT FORM

DELETE CURRENT AFT

Transfer from sub-account _____ Transfer to sub-account _____

Amount _____ Starting Date _____

Frequency Monthly Weekly Bi-Weekly Other

(Please circle one)

If Other, please specify _____

I understand that any new Automatic Funds Transfer (AFT) agreement will remain in effect until I submit a cancellation in writing to the credit union.

Signature _____ Date _____

If you have any questions regarding your account, please contact us at 847-676-8000. Thank you.