

Welcome to FCCB! Please use this helpful Switch Kit as a guide to get started on your move to First Citizens. If you have any questions please contact us. We're here to help!



## 1. Open

Open Your New FCCB Account. Apply online in minutes or visit your local branch to open your new First Citizens account.



## 2. Switch

Switch your direct deposits and automatic withdrawals. If you have any automatic transactions, use the provided forms to seamlessly switch them to First Citizens.



## 3. Close

Close your old account once all your pending payments and checks have cleared. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to First Citizens.

Switch to FCCB Hassle-Free!

- » Direct Deposit Authorization Form
- » Withdrawal Authorization Change Form
- » Account Closure Authorization Form





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### Notification of Direct Deposit Authorization Change

Use this form to authorize your employer, retirement and pension funds, or any other agency to deposit your payment directly into your First Citizens Community Bank account. Use one form for each direct deposit. Direct Deposit Checklist: Payroll Investments Retirement Plans Social Security

Company or Employer	Employee ID (if applicable)

Address

City, State, Zip

Phone #

Effective immediately, please deposit the net amount of my check to my First Citizens account. I authorize the 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.

Net amount to FCCB CHEC	KING		
	0	31309589	
Account Number	Rou	iting #	Amount (in dollars or percentage of deposit)
Net amount to FCCB SAVII	NGS		
	0	31309589	
Account Number	Rou	iting #	Amount (in dollars or percentage of deposit)
Name		Address	
Signature		City, State, Zip	
Da	te	Phone #	
<b>AECCB</b>			
Ve'll Make it Happen for You!	Member FDIC	myfccb co	om   800 326 9486
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## Notification of Withdrawal Authorization Change

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 record online on their website.

### Automatic Withdrawal Checklist:

Home Mortgage	Gym/Club
Auto Loans	Credit Cards
Utilities	Investments
Insurance	Subscriptions
Cable/Internet	Charity Donations

Name of Company	Account Number	Phone #		
Address	City, State, Zip	Payment Amount		
Please <b>change</b> my automatic withdrawal from:				
Financial Institution	Account Number	Routing #		
Please make all <b>future</b> automatic withdrawals from:				
First Citizens Community Bank		031309589		
Financial Institution	Account Number	Routing #		

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.

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	Date	Phone #	
Signature		City, State, Zip	
Name		Address	



## Notification of Account **Closure Authorization**

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.

### **Congratulations!**

You had to sign your name a few times... but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes. Welcome to FCCB!

### To Whom It May Concern:

**Financial Institution** Account Number Address Primary Owner City, State, Zip

Account Number

#### **SELECT AN OPTION:**

-Please send the remaining balance to:

#### **First Citizens Community Bank**

**Financial Institution** 

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

**Primary Signature** Primary Name Joint Signature Joint Name

Address

Date

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#### Please close my account:

Address

City, State, Zip

031309589

Routing #

City, State, Zip

Phone #

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