



# FAMILY FIRST CREDIT UNION SWITCH KIT

South Branch: 3604 Atlanta Ave., Hapeville, GA 30354 | Phone: 404-768-4980 | Fax: 404-768-5496 North Branch: 1560 Holcomb Bridge Rd., Roswell, GA 30076 | Phone: 770-667-8114 | Fax: 770-667-8329

## Follow these 3 Easy Steps:

- STEP 1** Open your Checking Account with Family First Credit Union.
- STEP 2** Use the *Start Direct Deposit Form* to start direct deposit or switch it from another financial institution. Then complete the *Switch Automatic Payment/Debits Form* and give to any company or payee who is automatically debiting funds for bills or other reasons.
- STEP 3** Submit the *Close Account Form* to your old financial institution. Once you know your direct deposit and/or pre-authorized payments are going to your FFCU checking account, and all of your checks have cleared your old checking account.

### Start Direct Deposit

Submit this form\* to your employer or any company that you wish to automatically deposit funds to your Family First CU Checking account.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

I hereby authorize my direct deposit/recurring income to be rerouted to my new Family First Credit Union account. Please make this change effective \_\_\_\_\_ (date).

**New Financial Institution Information** Family First Credit Union 404.768.4980 or 770.667.8114

#### Choose One:

☐ Checking Account ☐ Savings Account ☐ Net Amount  
Routing Number: 261071373 ☐ Other Amount \$ \_\_\_\_\_  
Account Number: 7 1 0 2 5 \_\_\_\_\_ ☐ Net Amount  
(13 digits from the bottom of your checks) Member Number: \_\_\_\_\_ ☐ Other amount \$ \_\_\_\_\_

X \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Your employer may require additional forms.

### Switch Automatic Payments/Debits

Submit this form to any company or payee who is currently making automatic debit payments from my Checking or Savings account. (You may make additional copies if necessary.)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
\$ \_\_\_\_\_ ☐ Monthly ☐ Weekly ☐ Annually ☐ Quarterly  
Payment Amount

I hereby authorize you to redirect future automatic payment withdrawals to my new Family First Credit Union account. Please make this change effective \_\_\_\_\_ (date).

#### New Financial Institution Information

Family First Credit Union  
404.768.4980 or 770.667.8114

Routing/Transit Number: 261071373

Account Number: 7 1 0 2 5 \_\_\_\_\_  
(13 digits from the bottom of your checks)

#### Choose One:

☐ Checking Account ☐ Savings Account

X \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### Close Account

Submit this form to the financial institution where you will be closing your account(s). Any remaining balance will be sent to your new Family First Credit Union account.

Financial Institution Name \_\_\_\_\_ Checking Account Number \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

I hereby authorize the closure of my checking account. I have verified that all my outstanding checks have cleared, and all my automatic payments/debits have been stopped. Please make this change effective \_\_\_\_\_ (date).

Primary Owner \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Joint Owner (if applicable) \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

X \_\_\_\_\_  
Primary Signature \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Please Send Remaining Balance to:

Family First Credit Union

404.768.4980 or 770.667.8114

Routing/Transit Number: 261071373

Account Number: 7 1 0 2 5 \_\_\_\_\_  
(13 digits from the bottom of your checks)

☐ Checking Account ☐ Savings Account