Getting Started

Making the switch to better banking today!

You can make the move to First Federal Community Bank in three easy steps. Everything you'll need is provided in this handy Switch Kit. We can't wait to welcome you to First Federal Community Bank, where you'll enjoy a better experience for all your banking needs!

1

Open your new account.

Apply online in minutes or visit your local branch to open your new First Federal 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 Federal Community Bank.

3

Close your old account.

Now you're ready to switch. Simply fill out the provided form to close your old account. Any remaining account balance will be transferred to First Federal Community Bank.





Page 2 of 4

Direct Deposit Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

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

Notification of D	irect Deposit Au	thorization C	hange
Company or Employer:			
Address:			
City, State, Zip:			
Phone Number:			
Employee ID: (if applicable)			
Effective immediately, pl	ease deposit the net am	ount of my check	to my First Federal
Community Bank accoun	t. I authorize (name of o	depositor)	
to automatically deposit	funds into the account b	elow. This authoriz	zation shall remain in
place until I have submit	ted a new authorization,	or until this author	orization is changed or
revoked by me in writing.			
Place an X next to your de	sired option.		
Net amount	to First Federal Commu	nity Bank CHECKI	NG
Account #		Routing #	241270916
Net amount	to First Federal Commu	nity Bank SAVING	S
Account #		Routing #	241270916
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.

Pa۱	/rol

Investment	

____ Retirement Plans

____ Social Security





Page 3 of 4

Automatic Withdrawal Authorization

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

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.

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: Financial Institution: First Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip: Phone Number:	Notification of V	Vithdrawal Authorization Change
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 Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Name of Company:	
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 Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Account Number:	
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 Federal Community Bank Account # Bank Routing # 241270916 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:	Payment Amount:	
Phone Number: Please cancel all automatic withdrawals from my old institution: Account # Bank Routing # Please make all future automatic withdrawals from my new institution: Financial Institution: First Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Address:	
Please cancel all automatic withdrawals from my old institution: Account # Bank Routing # Please make all future automatic withdrawals from my new institution: Financial Institution: First Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	City, State, Zip:	
Financial Institution: Account # Bank Routing # Please make all future automatic withdrawals from my new institution: Financial Institution: First Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Phone Number:	
Please make all future automatic withdrawals from my new institution: Financial Institution: First Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Please cancel all automa	atic withdrawals from my old institution :
Please make all future automatic withdrawals from my new institution: Financial Institution: First Federal Community Bank Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Financial Institution:	
Financial Institution: Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Account #	Bank Routing #
Account # Bank Routing # 241270916 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: Name: Address: City, State, Zip:	Please make all future a	utomatic withdrawals from my new institution :
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: Name: Address: City, State, Zip:	Financial Institution:	First Federal Community Bank
you have been notified by me in writing that this authorization has been changed or revoked. Signature: Name: Address: City, State, Zip:	Account #	Bank Routing # 241270916
Name: Address: City, State, Zip:		
Address: City, State, Zip:	Signature:	Date:
City, State, Zip:	Name:	
	Address:	
Phone Number:	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.

	On	20	ТИ	Or	ta.	\overline{a}	$\overline{}$
	ווטו	ne	I۷I	UI	ıκ	aĸ	ᆫ

	Loans

		es

____ Insurance

___ Cable/Internet

____ Gym/Club Memberships

____ Credit Cards

____ Investments

___ Subscriptions

___ Charity Donations





Account Closure Authorization

Page 4 of 4

You can authorize your remaining balance to be deposited automatically to your new First Federal 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 A	Account Closure Authorization
To Whom It May Conce	rn:
Financial Institution:	
Address:	
City, State, Zip:	
Please close my account	nt:
Account Number:	Primary Owner:
Address:	
City, State, Zip:	
Please send the remain Place an X next to your desi Please depo Account #	
Please forwa	ard me a check to my address listed below.
Primary Signature:	Date:
Joint Signature:	
Name:	
Address:	
City, State, Zip:	
Phone Number:	

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 First Federal Community Bank!



