



# FIRST CITIZENS' FEDERAL CREDIT UNION

*Think First.*

## Account Set Up

I am opening  Checking  Savings

For Credit Union Purposes Only

Primary Owner Name

Joint Owner Name

S.S.#

Date of Birth

S.S.#

Date of Birth

Address

Address

City, State, Zip

City, State, Zip

Home Phone

Home Phone

Driver's License #/State

Expiration Date

Driver's License #/ State

Expiration Date

Mother's Maiden Name

Mother's Maiden Name

Employer

Employer

Business Phone

Business Phone

E-mail

E-mail

## I am applying for these additional services.

**VISA® Check Card**

**ATM Card**

**Direct Access 24/7 Telephone Banking**

Daily withdrawal limit \$ \_\_\_\_\_  
(NOTE: Limit will automatically be set at \$200 for ATM card, \$500 for VISA® Check Card, when no limit is chosen.)

Available on Checking, Money Market Checking and Statement accounts (Cannot be used within the first 30 days after the account is opened.)

I/we understand that I/we are the only individual(s) authorized to use the card.

For the following account(s) :

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interested in assistance in signing up for:  FREE BILL PAY  FREE ONLINE BANKING

I, We hereby agree to the By-Laws, Rules and Regulations of the Credit Union, those now in force and any which may hereafter be adopted. In order to comply with the Fair Credit Reporting Acts and other consumer reporting laws (both federal and state) we must notify you of the following upon opening this account, each signer agrees that the Credit Union may obtain any credit reference necessary, including but not limited to, National Check Protection Service. I agree to the terms and conditions of the Credit Union's Truth in Savings and Electronic Funds Transfer disclosures that you will send me and to any amendments thereto.

**Member Signature**

**Joint Owner Signature**

X \_\_\_\_\_

X \_\_\_\_\_

Under penalties of perjury, I certify 1. the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out number 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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



## *Switch Your Account Today*

### 4 Easy Steps to Closing Your Account

1. Reconcile your check register with your current account statement. Allow for outstanding items. Leave a balance to cover at least one month of automatic payments. i.e. insurance and utilities.
2. Complete the form below for Direct Deposit\*, if applicable. Give it to your Human Resources/Payroll Representative where you work.
3. Use the Automatic Payment\* change forms to notify insurance, utility, health club, or other payments of your new Checking account information.
4. Monitor your account for another 30 days to be sure all checks have cleared. Write a check for the balance and deposit in your new First Citizens' Checking account. Use the form letter to notify your previous checking institution of your intention to close the account.

\* Allow 45 days for these changes to take effect.

<b><i>Direct Deposit - CHANGE NOTIFICATION</i></b>		
NAME:		SOCIAL SECURITY NUMBER:
NAME OF EMPLOYER:		ADDRESS:
PREVIOUS FINANCIAL INSTITUTION:		
ADDRESS:		PREVIOUS ACCOUNT NUMBER:
NEW FINANCIAL INSTITUTION: <b>First Citizens' Federal Credit Union</b>		
ADDRESS: <b>200 Mill Rd, Suite 100 Fairhaven, MA, 02719</b>		TELEPHONE: <b>508-999-1341</b>
FIRST CITIZENS' ROUTING NUMBER <b>2113 8458 6</b>	NEW ACCT. NUMBER:	I HEREBY AUTHORIZE MY DIRECT DEPOSIT CHANGE EFFECTIVE ON:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b><i>Automatic Payment - CHANGE NOTIFICATION</i></b>		
NAME:		SOCIAL SECURITY NUMBER:
NAME OF COMPANY:		ADDRESS:
PREVIOUS FINANCIAL INSTITUTION:		
ADDRESS:		PREVIOUS ACCOUNT NUMBER:
NEW FINANCIAL INSTITUTION: <b>First Citizens' Federal Credit Union</b>		
ADDRESS: <b>200 Mill Rd, Suite 100 Fairhaven, MA, 02719</b>		TELEPHONE: <b>508-999-1341</b>
FIRST CITIZENS' ROUTING NUMBER <b>2113 8458 6</b>	NEW ACCT. NUMBER:	I HEREBY AUTHORIZE MY AUTOMATIC PAYMENT CHANGE EFFECTIVE ON:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## ***Authorization to Close Account***

To close out your account(s) at your current bank, please complete an Authorization to Close Account form for each account, making copies of the form as necessary. Mail the completed form(s) to your current bank.

### ***Please close my account at:***

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Effective date for the account closing

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Secondary Name on Account

### ***Please send a check payable to me/us for any remaining balance in the above described account to the address below.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_