



New Account Conversion Switch Kit

Included in this kit are all of the forms you'll need to transfer your account to CitizensFirst Credit Union. If you need assistance, or have any questions, please feel free to contact a Financial Service Representative at (920) 236-7040, or 1-800-448-9228 if you are outside the local calling area. Listed below are all of the steps needed to transfer your account. Page two lets you enter all of the information and print the forms that are needed to transfer your account.

1) Direct Deposit Notification

Send written notice to all of your direct deposit vendors.

Payroll
Pension / Retirement Plan

2) Automatic Payment Notification

Send written notice of your new account to the companies that currently take automatic payments from your account*. You can also send a written notice to any company you would like to start taking automatic payments.

Loans

Mortgage
Rent
Home Equity
Car
Student
Other

Insurance

Home
Car
Life
Health

Utilities

Water
Gas
Electric
Phone
Cell Phone
Internet Service
Cable / Direct TV

Miscellaneous

Church
Health Club
Newspaper
Credit Cards
PayPal
School Tuition

3) Account Transfer Request

Setup automatic transfers to transfer money from one CitizensFirst Credit Union account to another CitizensFirst Credit Union account.

4) ACH Transfers

Setup ACH transfers to transfer money to / from a different financial institution to / from CitizensFirst Credit Union.

5) Close Your Old Account

Send written notice to the other financial institution that you are closing your account and have any remaining funds transferred to your accounts here.

- Make sure all checks have cleared through your checking account.
- Make sure all of your automatic payments and direct deposits have been transferred to CitizensFirst Credit Union.
- Check maturity dates on your share certificates before transferring them to avoid possible penalties.

*can only be withdrawn from 00 savings or 20 checking suffixes

Your Information

Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____ SSN XXX-XX-_____

CitizensFirst Credit Union:

Account Number _____
 Enter your account number as it appears on the bottom of your check from CitizensFirst!!

Direct Deposit

New Cancel Change

Directions: 1) Fill out Employer Information 2) Select Checking or Savings 3) Enter amount (optional) 4) Click Print 5) Sign form 6) Send form to your employer

Employer Information:

Name _____
 Address _____
 City _____ State ____ Zip _____

Direct deposit goes to:
 Checking
 Savings

\$ _____ Direct deposit amount (optional)

Automatic Payments

New Cancel Change

Directions: For each vendor: 1) Fill out Vendor Information 2) Select Checking or Savings 3) If payment is being taken from the other financial: 3a) Fill in name 3b) Fill in routing number 3c) Fill in account number 4) Click Print 5) Sign form 6) Send form to the vendor

Vendor Information:

Name _____
 Address _____
 City _____ State ____ Zip _____
 Account Number _____

Take payments from: Checking Savings
 Institution where payment is currently being taken from:

Name _____
 Routing / ABA Number _____
 Account Number _____
 Account Type: Checking Savings

Account Transfers

Directions: 1) Fill in the suffix number and type to take the money from 2) Fill in the amount 3) Fill in the suffixes number and type to put the money 4) Select the frequency 5) Enter the Start Date 7) Click Print 8) Sign Form 9) Send form to CitizensFirst Credit Union

Action	From			To				Frequency	Start Date
	Suffix	Suffix Type	Amount	Account	Surname	Suffix	Suffix Type		

* Weekly & bi-weekly transfers occur Friday night. **Enter account number and surname if it's different from the account number entered above.

ACH Transfers

New Cancel Change

Directions: 1) Fill in the frequency, start date and amount of transfer 2) Select withdraw or deposit funds and the type of account 3) Fill in the other financial institution's name, ABA number and account number 4) Select withdraw or deposit funds and the type of account 7) Click Print 8) Sign Form 9) Send form to CitizensFirst Credit Union

What's changing? Amount of Payment Frequency of Payment Payment Due Date

Transfer Frequency _____
 Start Date _____
 Amount _____
 Funds should be _____
 my _____ at CitizensFirst.

Other Financial Institution

Name _____
 ABA Number _____
 Account Number _____
 Funds should be _____
 my _____ at _____.

Account Closing

Directions: 1) Fill in Institution Information 2) Select the account type, fill in account number for each account at this institution. 3) Click Print 4) Sign form 5) Send form to financial institution

Institution Information:

Name _____
 Address _____
 City _____ State ____ Zip _____

Account Type				Account Number
Sav	Chk	MM	Other	



Direct Deposit Form

New

Change

Cancel

Date _____

Employer:

Name _____

Address _____

City _____ State ____ Zip _____

Financial Institution Info:

CitizensFirst Credit Union

PO Box 3046

Oshkosh, WI 54903-3046

Routing / ABA Number: 275981187

Employee / Member:

Name _____

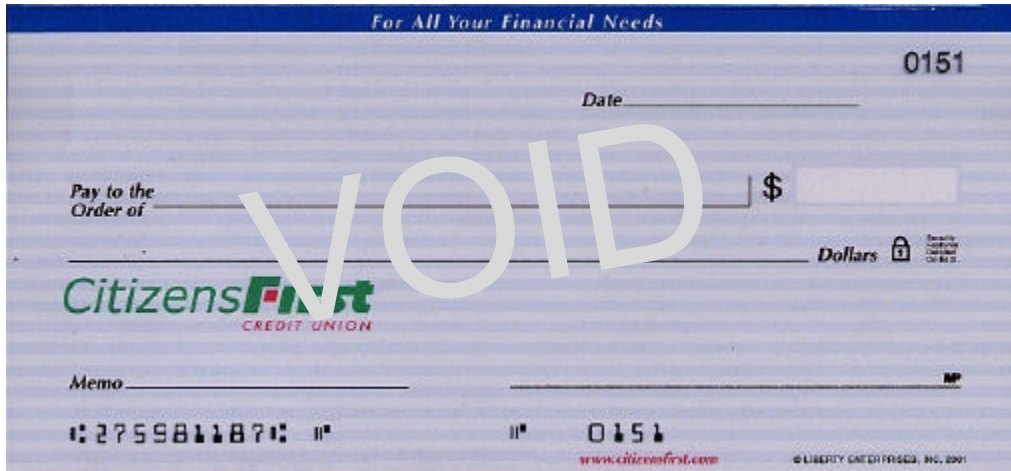
Address _____

City _____ State ____ Zip _____

Phone _____ SSN XXX-XX- _____

Direct deposit affects my Checking Savings account number _____ in the amount of \$ _____

(Amount is optional).



I authorize CitizensFirst Credit Union and the above named company to begin credit and, if necessary, debits and adjustments for any credit entries in error to my checking and / or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act.

Signature

Date

Send form to your employer listed above.



Automatic Payment Form

New **Change** **Cancel** Date _____

Vendor:

Name _____

Address _____

City _____ State ____ Zip _____

Vendor's Account Number _____

Customer / Member:

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Financial Institution Info:

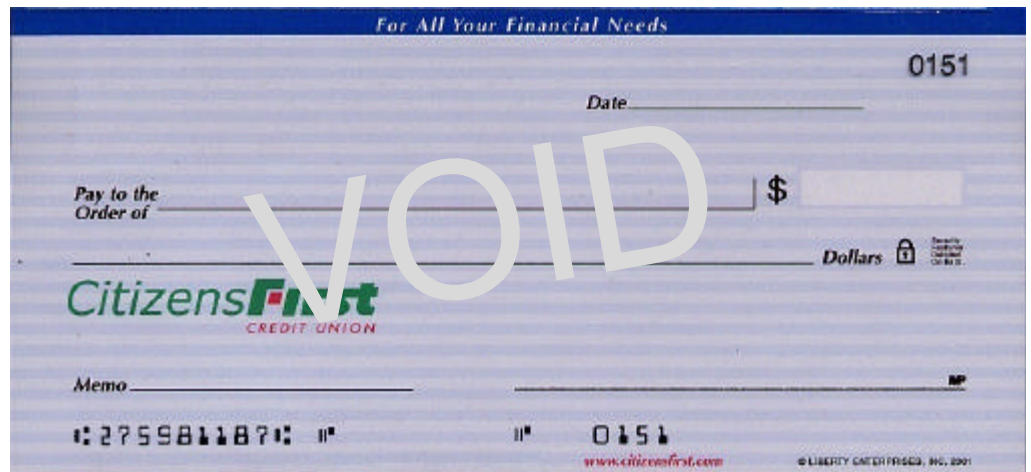
CitizensFirst Credit Union
PO Box 3046
Oshkosh, WI 54903-3046
(920) 236-7040 1-800-448-9228
Routing / ABA Number: 275981187

Changing from this Financial Institution to the one listed above.

Routing / ABA Number: _____
Account Number: _____
Checking Savings

Account Type
Checking
Savings

Account Number



I (we) authorize _____ and CitizensFirst Credit Union to initiate variable entries to my checking / savings account. This authorization will remain in effect until I notify _____ in writing to cancel it in such time as to afford _____ a reasonable opportunity to act. Also, I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ retains its normal collection rights.

Signature

Date

Send form to the vendor listed above.



Account Transfer Request

Date _____

Member Information

Name _____ Account Number _____

As used in this authorization, "we" and "us" means the owners of the accounts identified above. "You" and "yours" means CitizensFirst Credit Union.

We authorize and direct you to make the following transfer of funds.

Action	From		Amount	To				Frequency*	Start Date
	Suffix	Suffix Type		Account**	Surname**	Suffix	Suffix Type		

*Weekly and bi-weekly transfers occur on Friday nights.

**Enter account number and surname if it's different from the account number entered above.

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal.

If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 13 days written notice. Notice to any one of us is notice to all of us.

Signature

Date

Signature

Date

Send form to CitizensFirst Credit Union

Completed By _____

CitizensFirst

CREDIT UNION

PO Box 3046

920-236-7040

Oshkosh, WI 54903-3046

1-800-448-9228

e-mail: info@citizensfirst.com

www.citizensfirst.com

ACH Transfer Form

Date _____

- New** Allow 2 weeks to start
 - Delete** Allow 4 business days to stop
 - Change** Allow 4 business days to change
- What's changing?
- Amount of Payment
 - Frequency of Payment
 - Payment Due Date

CitizensFirst

Name _____ Account Number _____

Transfer Frequency _____ Starting Date _____ Amount _____

The funds should be _____ my _____

NOTE: Funds must be available two business days prior to withdrawal

Other Institution

Name of other financial institution _____

ABA number of other institution _____ Account Number _____

(ABA number is also called routing number)

The funds should be _____ my _____

From the other institution, attach either a copy of your deposit ticket or a voided check to this form.

I authorize CitizensFirst Credit Union and the financial institution named above to begin deposits and withdrawals to and from my checking and/or savings account(s). This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act. I can stop payment on any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first.

Member's Signature

Date

Send form to CitizensFirst Credit Union

Completed By _____

Account Closing Request

Date _____

Financial Institution

Name _____

Address _____

City _____ State ____ Zip _____

Customer

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Please close the following account(s) with your institution:

Account Type				Account Number
Savings	Checking	Money Market	Other	

Please send the funds remaining in these accounts to the customer at the address listed above.

Signature

Date

Send form to the financial institution listed above.