

RELAX...SWITCHING YOUR ACCOUNTS TO FOUNDERS IS EASY!

CHECKING ACCOUNT CLOSURE FORM

GIVE TO YOUR CURRENT CHECKING ACCOUNT FINANCIAL INSTITUTION



Please close this checking account per my instructions.

I authorize my checking account at _____ to be closed. Account # _____

Name(s) on Account _____ Last 4 Digits of my SSN - XXX-XX-____

Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ - _____ I authorize the closure of my account effective as of this date _____

Please send the remaining balance to the above named address or to:

Founders Federal Credit Union, 737 Plantation Road, Lancaster, SC 29720, 1-800-845-1614

FFCU Routing Number: **253279439** Account Number 45 _____ Checking

OR Account Number 06 _____ 00 Savings

Authorized Signature(s) _____ Date _____

Joint Signature _____ Date _____

Before closing your checking account, please wait a full month with no activity on the account and confirm all checks and other authorized transactions have posted prior to submitting this form.

DIRECT DEPOSIT CHANGE FORM

GIVE TO PRESENT EMPLOYER WITH A VOIDED CHECK FROM HR/PAYROLL



Please reroute my Direct Deposit to Founders Federal Credit Union.

Previous Financial Institution _____ Account # _____

Employee's Name _____ Last 4 Digits of my SSN - XXX-XX-____

Employee's Address _____ City _____ State _____ Zip _____

Employee's Phone (____) _____ - _____ I authorize my direct deposit to be routed to FFCU effective _____

FFCU Routing Number: **253279439** Account Number 45 _____ Checking

OR Account Number 06 _____ 00 Savings

Founders Federal Credit Union, 737 Plantation Road, Lancaster, SC 29720, 1-800-845-1614

Authorized Signature(s) _____ Date _____

ELECTRONIC PAYMENT CHANGE FORM

GIVE TO COMPANY/PAYEE THAT RECEIVES YOUR ELECTRONIC PAYMENT



Please switch my automatic payment to Founders Federal Credit Union.

Company to receive payment _____ Account # _____

Name(s) on account _____ My Phone (____) _____ - _____

My Address _____ City _____ State _____ Zip _____

I authorize my automatic payment to be debited from my FFCU account effective _____

Payment Amount _____ Monthly Weekly

Previous Financial Institution _____ Previous Account # _____

FFCU Routing Number: **253279439** Account Number 45 _____ Checking

OR Account Number 06 _____ 00 Savings

Authorized Signature(s) _____ Date _____