

SWITCH KIT



Financial Switch Kit

We make switching your account to Service First FCU easy. Simply follow the steps below to make the switch to Service First.

Step 1 – Visit any one of our branches to become a member by opening a Service First share savings account.

Step 2 – Open a Service First checking (share draft) account and request a debit card.

Step 3 – Complete the Direct Deposit Form to switch your direct deposits over to your Service First account.

Step 4 – Complete the Automatic Payment Change Form to move your automatic withdrawal to Service First.

Step 5 – Close your old account by completing the Account Closure Form.

Step 6 – Enroll in Online Banking, download the Mobile Banking App, and enroll in eStatements.

Questions? Give us a call at 605-336-1047 or 1-800-456-1703. We'll go through the forms with you on the phone.

You should stop writing checks from your old checking account and allow any checks written against your account to clear before closing. We recommend leaving your old account open for at least 30 days to allow outstanding checks and automatic deposits/payments to clear. If you'd like, we can shred your old checks, deposit slips, ATM or debit cards.

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Checklist

This checklist is to help you identify the companies you have authorized to make direct deposits or automatically withdraw funds from your account.

Who withdraws automatic payments from your account? This includes automatic withdrawals authorized from your debit card.

- Mortgage/Rent
- Auto Loan
- Insurance
- Credit Cards
- Gas
- Electric
- Cable/TV
- Internet Provider
- Telephone/Cell Phone
- Streaming Services
- Water
- Trash Removal
- Fitness Club
- Investments
- IRA/Retirement
- Charities
- Daycare
- Tuition/School Expense

Who makes direct deposits to your account?

- Payroll
- Pension/Retirement Plan
- Social Security
- Investment Income

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Account Closure Form

I'm moving my accounts to Service First Federal Credit Union.

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

This letter serves as a request to close:

Account Number: _____

Account Number: _____

Account Number: _____

Please accept this form as authorization to close my account(s) and send any remaining funds to:

Service First Federal Credit Union
3901 East 10th Street
Sioux Falls, SD 57103

Please reference Service First FCU account number _____ on the check.

Signature: _____

Date: _____

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Automatic Payment Change Form

I'm moving my automatic withdrawal to Service First Federal Credit Union.

Company name: _____

Account Number (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Please accept this notice as permission to change my current electronic withdrawal from my account at:

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

To my account at:

Service First Federal Credit Union
3901 East 10th Street
Sioux Falls, SD 57103
(605) 336-1047

Service First FCU Routing Number: 291479903

Service First Account Number: _____

Effective Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize my automatic payment to change as indicated above.

Signature: _____

Date: _____

Some companies may require additional information, such as a voided check or deposit slip.
Please verify with each company what specific information they require.

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Direct Deposit/Payroll Deduction Form

I'm moving my direct deposit to Service First Federal Credit Union.

Date: _____

Employer: _____

Employee's Name: _____

Employee's Address: _____

City: _____ State: _____ Zip: _____

Direct Deposit (entire amount of paycheck)

Payroll Deduction (specified amount) Amount: \$ _____

Service First FCU Account #: _____ Select one: Checking Savings

Service First FCU Routing #: 291479903

The Business Office of the above employer is hereby authorized, instructed, and empowered to deduct the sum listed above each month until notice of change or termination of the direct deposit and/or payroll deduction authorization is given at the time and in the manner specified in the agreement between the above employer and employee.

Signature: _____

Date: _____

Last Four Digits of Social Security Number: _____