



# The Checking Account Switch Kit

*...it's so easy*

This kit will help you make a smooth and easy transition to the benefits of a Checking Account at Peach State Federal Credit Union. Please feel free to stop by one of our convenient branch locations or call us at 678.889.4328 if you need assistance.

## *Here's How...*

### Select the Peach State Checking Account you would like to open:

**No Fee Checking<sup>1</sup>**

This account is for anyone looking for a convenient, cost-saving way to manage their day-to-day finances. Only \$25 to open your account!

- No monthly service fees
- Free transactions at Peach State ATMs<sup>2</sup>
- Free Online Banking
- Choose eStatements and get BillPay service FREE
- FREE & unlimited use of VISA® Check Card
- No per check charges

**Premium Checking**

This account has great benefits like FREE checking, plus it earns a competitive dividend rate. And, there's no service charge with a \$1,000 minimum daily balance. *(Only \$5 per month if you do not meet the minimum balance requirement.)*

**Then, just complete the forms on the following pages and send them to the appropriate parties.**

**Visit [www.peachstatefcu.org](http://www.peachstatefcu.org) for a complete list of branch locations and hours of operation.**

<sup>1</sup> Electronic Statements: free | Paper statements: \$4

<sup>2</sup> You may make six free transactions per month at OTHER ATM machines. Peach State charges \$1.00 for each additional ATM transaction in excess of six at other machines. Please remember the ATMs owned by other entities may impose a surcharge. Balance inquiries: \$.50

This form goes to your human resource or payroll office. Change Social Security direct deposit by calling 1.800.772.1213.

# Change Direct Deposit

**To Whom It May Concern:**

Please redirect my direct deposit per my instructions to the financial institution indicated below:

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Phone # Day/Evening

\_\_\_\_\_  
Social Security # or Employee ID Previous Financial Institution Institution Acct. #

I authorize my direct deposit to be routed to: Peach State Federal Credit Union  
1505 Lakes Parkway, Suite 100  
Lawrenceville, GA 30043  
Phone # 678.889.4328

From: \_\_\_ Checking \_\_\_ Savings

PSFCU Account # \_\_\_\_\_ PSFCU Routing # 261174759 \_\_\_\_\_

If depositing into your Peach State checking account, please include the 13 digits printed on the bottom of your Peach State checks.

**Note:** We suggest that you contact your human resource/payroll office to find out if you will also need to submit a voided Peach State check or deposit slip with this form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

This form goes the company or payee.

# Change Automatic Payment

To Whom it May Concern at \_\_\_\_\_:

(Company or payee to receive payment)

You are currently withdrawing \$ \_\_\_\_\_ for my/our account number \_\_\_\_\_,

(company or payee account #)

for my/our \_\_\_\_\_.

(what payment is for)

account at \_\_\_\_\_.

(name of bank or other financial institution)

**Please route my automatic payment per my instructions to the financial institution indicated below:**

My Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Day/Evening \_\_\_\_\_

I authorize my automatic payment to be debited: \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly

Effective: \_\_\_\_\_ Immediately Beginning: \_\_\_\_\_

Date

From my/our account at:

Peach State Federal Credit Union

1505 Lakes Parkway, Suite 100

Lawrenceville, GA 30043

Phone # 678.889.4328

From: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

PSFCU Account # \_\_\_\_\_ PSFCU Routing # 261174759 \_\_\_\_\_

If depositing into your Peach State checking account, please include the 13 digits printed on the bottom of your Peach State checks.

**Note:** We suggest that you contact your human resource/payroll office to find out if you will also need to submit a voided Peach State check or deposit slip with this form.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date

This form goes to your old financial institution.

# Close Checking Account

IMPORTANT NOTE: Make sure all the checks that you have written clear your checking account before sending this form.

To Whom It May Concern at \_\_\_\_\_:  
Previous Financial Institution

**Please close my/our account as instructed here and forward the remaining balance from the account to the financial institution indicated below:**

\_\_\_\_\_  
Name(s) on the Account Checking Account # to be Closed

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Phone # Day/Evening

I/we authorize the closure of my/our account effective as of this date:\_\_\_\_\_.

\_\_\_ Please close my/our checking account as instructed and forward the remaining balance to the home address above.

\_\_\_ OR, send the balance of the checking account to:

Peach State Federal Credit Union  
1505 Lakes Parkway, Suite 100  
Lawrenceville, GA 30043  
Peach State Federal Checking Account # \_\_\_\_\_

\_\_\_\_\_  
Primary Account Owner's Authorizing Signature Date

\_\_\_\_\_  
Joint Account Owner's Authorizing Signature Date