

Secure First Credit Union An Account Worth Having

SECURE FIRST CREDIT UNION CHECKING

- Earn Interest With a Minimum \$500 Balance
- No Minimum Balance Fee
- No Check Fees
- All You Pay For Are Your Checks
(after we give you the first 50 free)

SECURE FIRST CREDIT UNION VISA CHECK CARD

- Works Like a Credit Card But Funds Pulled From Your Checking Account
- No Outstanding Balance or Interest Charges
- Can Be Used Wherever You See The VISA Logo

SECURE FIRST HOME BANKING SERVICES

- 24-Hour, Seven Days A Week Access
- Access Your Account With Telephone Teller
- Toll Free: 877-520-2105
- Access Your Account With Internet Teller
- Easy Internet Access: www.securefirstcu.org



CHECKING ACCOUNT CLOSURE NOTIFICATION

DATE _____ SOCIAL SECURITY # _____
 NAME _____
 PREVIOUS FINANCIAL INSTITUTION _____ PREVIOUS ACCOUNT # _____
 STREET ADDRESS _____
 CITY, STATE ZIP _____

To Whom It May Concern:

Please close my account, # _____, and send a check for the remaining balance per the instructions below.

If you have any questions, you may contact me at one of the following numbers:

Daytime Phone: _____

Cell Phone: _____

SIGNATURE _____ DATE _____

PRINTED NAME _____

INSTRUCTIONS

Make Check Payable to: **SECURE FIRST CREDIT UNION**

For Benefit Of: _____
MEMBER NAME

Account #: _____
(ACCOUNT # PLUS SFCU I.D. #, e.g. 1234-30)

Mail to:

Secure First Credit Union
 P.O. Box 170070
 Birmingham, AL 35217-0070

DIRECT DEPOSIT CHANGE NOTIFICATION

DATE _____ SOCIAL SECURITY # _____
 NAME _____
 EMPLOYER'S/DEPOSITOR'S NAME _____
 STREET ADDRESS _____
 CITY, STATE ZIP _____

To Whom It May Concern:

Your are currently depositing part or all of my income check to the following account:

CURRENT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING # _____ ACCOUNT # _____

Direct Deposits to the above account are to stop and instead, the direct deposit should be made to Secure First Credit Union to the following account:

_____ 262086749 _____
 Routing # Account #

If you have any questions, you may contact me at one of the following numbers:

Daytime Phone: _____

Cell Phone: _____

I hereby authorize this change in direct deposit effective

DATE _____

SIGNATURE _____ JOINT ACCOUNT OWNER SIGNATURE _____

PRINTED NAME _____ PRINTED NAME _____

STREET ADDRESS _____

DIRECT DEPOSIT CHANGE NOTIFICATION

DATE _____ SOCIAL SECURITY # _____
 NAME _____
 EMPLOYER'S/DEPOSITOR'S NAME _____
 STREET ADDRESS _____
 CITY, STATE ZIP _____

To Whom It May Concern:

You are currently withdrawing \$ _____

WHAT PAYMENT IS FOR _____ ACCOUNT # OR LOAN # _____

on _____ from the following
 DATE OF AUTOMATIC WITHDRAWAL _____

account:

CURRENT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING # _____ ACCOUNT # _____

Automatic withdrawals from the above account are to stop and instead, the withdrawal should come from the account below at Secure First Credit Union:

ROUTING # _____ ACCOUNT # _____

If you have any questions, you may contact me at one of the following numbers:

Daytime Phone: _____

Cell Phone: _____

I hereby authorize this change in withdrawal effective

DATE _____

SIGNATURE _____ JOINT ACCOUNT OWNER SIGNATURE _____

PRINTED NAME _____ PRINTED NAME _____