

THINKING OF MAKING THE SWITCH?



WE MAKE IT SO EASY

**FEDSTAR FEDERAL
CREDIT UNION**

**A MEMBER OWNED FINANCIAL COOPERATIVE
YOUR SHARES ARE FEDERALLY INSURED BY NCUSIF
THE NATIONAL CREDIT UNION ADMINISTRATION**

**JUST FOLLOW THE SIMPLE INSTRUCTIONS
ON THE NEXT PAGE**

FedStar Federal Credit Union

Switch Kit Instructions

- **Open a FedStar Federal Credit Union checking account.** You must be eligible for membership, have a primary savings account with FedStar and be a member in good standing. Once you have opened the new checking account, proceed to the next step.
- **Sign up for free Online Banking.** You may do this at our web site, www.fedstar.org. If you also have accounts for your spouse or children that you would like to have linked with your account, there is a form that you may print, complete and fax to us.
- **Stop using your old checking account.** Make certain that all checks written have cleared your old account. Be sure to leave sufficient funds for any outstanding items plus any automatic deductions that will attempt to clear before notification is sent to the creditor.
- **Sign up for direct deposit.** Why direct deposit? It saves time and takes the worry out of getting checks deposited. No standing in line, no lost deposits. Use the attached Direct Deposit Enrollment Form to inform your employer, government agency or other organizations that you now have a FedStar Federal Credit Union checking account. This form will need to be sent to anyone that sends recurring deposits to your old checking account. For Social Security Benefits/SSI, it may be quicker to phone 1-800-772-1213. For Veteran's Benefits, it may be quicker to phone 1-800-827-1000.
- **When moving Certificates of Deposit,** be sure to double check the current maturity dates in order to avoid any penalties or loss of interest income.
- **Change any automatic payments.** If you have any recurring payments for utilities, loan payments, insurance payments, internet service providers, etc., automatically deducted from your account you can use the attached Automatic Payment Change Request to inform these companies that you are closing the account and provide them with your new account information.
- **Close your old account.** Once you are certain that any outstanding items have cleared your old account, direct deposits and automatic payments have been changed, send written notice to your old financial institution that you wish to close the account.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ¹⁵⁻⁵¹/₁₀₀₀
AUSTIN, TEXAS
Check No. 0000 - 4157815
Month Day Year
08 31 84
Pay to the order of
29-693-775 00 C
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543
28 28
VA COMP
DOLLARS CTS
\$ ****100**00
NOT NEGOTIABLE
@000000516: 041571926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

DIRECT DEPOSIT ENROLLMENT

Initiate Direct Deposit

Change of Direct Deposit

Unless the entity provides their own form, you may use this form to inform your non-government employer or organization that regularly sends a payment to you, that you now want the proceeds directly deposited into FedStar Federal Credit Union to the accounts you have specified below.

Name

Social Security Number

Address

City, State, ZIP Code

I hereby authorize (insert company or organization here) _____, hereafter called "ORIGINATOR", to initiate recurring credit entries to my account (and, if necessary, debit or adjusting entries to correct any prior credit errors) to my account(s) as indicated below, at FedStar Federal Credit Union, hereafter called "DEPOSITORY".

PRIMARY ACCOUNT INFORMATION

DEPOSITORY FINANCIAL INSTITUTION:

FEDSTAR FEDERAL CREDIT UNION

ACCOUNT TYPE:

Checking

Savings

ACCOUNT No. _____

ROUTING & TRANSIT NUMBER

251482914

AMOUNT TO DEPOSIT

Net Pay

\$ _____
Fixed Amount

If the ORIGINATOR allows direct deposit to more than account,
I elect to have part of my proceeds put into the following account:

OPTIONAL SECONDARY ACCOUNT

DEPOSITORY FINANCIAL INSTITUTION:

FEDSTAR FEDERAL CREDIT UNION

ACCOUNT TYPE:

Checking

Savings

ACCOUNT No. _____

ROUTING & TRANSIT NUMBER

251482914

AMOUNT TO DEPOSIT

Net Pay

\$ _____
Fixed Amount

This authority is to remain in effect and in full force until ORIGINATOR has received written notification from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

Date

Signature of Authorization

FEDSTAR FEDERAL CREDIT UNION

5005 MELROSE AVENUE NW

ROANOKE, VA 24017-2339

PHONE (540) 986-0652

FAX (540) 986-0412

Please make additional copies as needed of this form.

AUTOMATIC PAYMENT CHANGE REQUEST

Do you have automatic payments coming out of your old checking account? Maybe there are insurance deductions, a mortgage payment or fees for your internet service provider being deducted from your account. If so, you need to notify these companies that you have a new checking account at FedStar Federal Credit Union.

Complete this form and mail it along with a voided check from your new FedStar account to each company that you previously authorized to make withdrawals from your old checking account. Most companies will accept this form, but some may require you to use their form instead.

YOU WILL NEED ONE FORM FOR EACH AUTOMATIC PAYMENT FROM YOUR ACCOUNT.

AUTHORIZATION TO CHANGE AUTOMATIC PAYMENT

Payee (Company) Name	Payee Address
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Insert Your Account No. with the Payee Here

Your Name	Your Address
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I have opened a new account at FedStar Federal Credit Union. Please change your records as soon as possible so that my electronic payments to you are deducted from my new account in a timely manner.

FedStar FCU Routing Number 2 5 1 4 8 2 9 1 4	(This Section Intentionally Left Blank)			
FedStar FCU Account No. Four Digits Only				
<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Your Signature	Your Daytime Telephone Number ()
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This authority is to remain in effect and in full force until written notification is received from me of its termination in such time and in such manner as to afford ORIGINATOR and DEPOSITORY a reasonable opportunity to act on it.

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