



Switching is Simple.

Switch to Five Star Checking*

**Share Draft Account*

Make life easier. Everything you need is right here.

Here are the forms you need to switch to a simply better account at Five Star Credit Union. We're glad you decided to make the move. If you would like further assistance please call and ask for a Member Service Representative: 888.619.1711.

New "Checking" Account Number

261272046

Routing Number

Routing Number Account Number Check Number

We promise to provide "Five Star" friendly service while meeting your needs at every stage of life. We're YOUR Five Star Credit Union!



Your
FIVE STAR
★ ★ ★ ★ ★
CREDIT UNION

888.619.1711
334.793.7714
www.FiveStarCU.com

Main Office
411 North Foster Street
Dothan, Alabama 36302



Federally Insured by NCUA

And other convenient locations throughout southeast Alabama and southwest Georgia.

4 Simple Steps

Switch Your Checking Account to Five Star Credit Union

1.

You can start by not writing checks from your old account anymore. And after about 2 weeks, or when all of your written checks have cleared, you can shred your old checkbook and debit cards.

2.

Cancel any scheduled automatic payments or withdrawals by completing the form titled "Change Payments" and mail one to each company you need to notify. These companies will then establish automatic payments from your new FSCU account. This includes: mortgage, insurance, loan or other payments.

3.

Re-direct Social Security or payroll deposits to your FSCU share draft account using the form titled "Change Deposits." Then, provide the form to your HR department, payroll processor, Social Security Administration or other pension administrator with a deposit slip from your new FSCU share draft account.

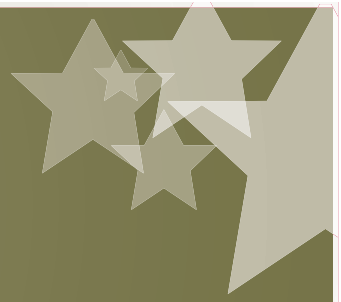
4.

Finally, you should close your old checking account officially. Complete the form titled "Close Account" and submit to your former financial institution. Now, you can simplify your life by using your new Five Star Credit Union share draft account.



Federally Insured by NCUA

Change Payments



Please submit this completed form to each company that is currently making automatic or direct withdrawals from your old checking account.

Make as many copies as you need and use this form to switch any automatic withdrawals to your new Five Star Checking account.

Date

Name of Company Making Withdrawals

Street Address

City State ZIP

To Whom It May Concern:

You are currently withdrawing \$_____ for my _____ (what payment is for) from my checking account at my former financial institution:_____.

Routing #:_____ Account #: _____

Please STOP making withdrawals from that account, and instead make them from:

Five Star Credit Union

Routing #: 261272046 Account #: _____

If you have any questions, please contact me at the phone number indicated below.

Thank you,

Signature

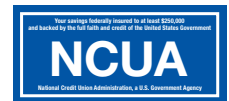
Print Name

Home Phone

Work Phone

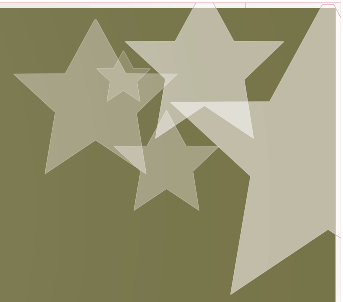
Street Address

City State ZIP



Federally Insured by NCUA

Change Deposits



Check with your employer or other automatic or direct depositor to be sure you can use this form.

Date

Make as many copies as you need and use this form to switch any automatic deposits to your new Five Star Checking account.

Name of Company Making Deposits

Street Address

City State ZIP

To Whom It May Concern:

You are currently depositing my paycheck or other automatic deposit to a checking account at my former financial institution: _____

Routing #: _____ Account #: _____

Please make deposits instead to:

Five Star Credit Union

Routing #: 261272046 Account #: _____

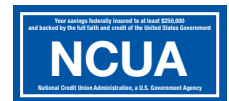
If you have any questions, please contact me at the phone number indicated below.

Thank you,

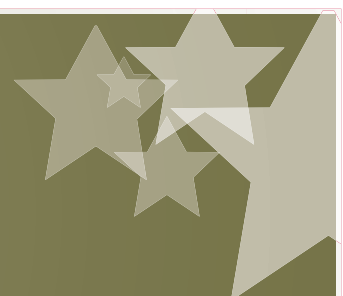
Signature Print Name

Home Phone Work Phone

Street Address City State ZIP



Federally Insured by NCUA



Close Checking Account

Please submit this completed form to your former financial institution.

Use this form to close your old checking account. Be sure to allow enough time for your last few transactions to clear.

Date

Name of Financial Institution

Street Address

City State ZIP

To Whom It May Concern:

Please close my checking account with number: _____

and forward a check for the remaining balance to me at my address listed below. If you have any questions about this request, please call me at the phone number listed below.

Thank you,

Signature

Print Name

Home Phone

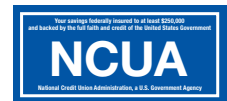
Work Phone

Street Address

City State ZIP

Joint Owner Signature (if applicable)

Joint Owner Print Name



Federally Insured by NCUA