



Switch Kit

Switching your accounts to FCB only takes a few easy steps!

1. Open your new FCB account at the nearest FCB Banks location or in our Online Account Opening Center at fcbbanks.com. Don't forget to sign up for our Electronic Banking services!
2. Stop using your old checking account(s) and allow outstanding payments and checks to clear the account(s).
3. Set up your direct deposit(s) by sending the **Direct Deposit Change Request (Form 1)** to your employer or your retirement plan along with a voided FCB Banks check.
 - a. You can set up your Social Security Benefits by visiting GoDirect.gov or calling the Social Security Administration at 800-333-1795.
4. Change your automatic payments using the **Automatic Payment Change Request (Form 2)**. This form can be used for all automatic payments or withdrawals from your account. Remember to switch over payments processed through your debit card as well.
5. When all of your pending payments have cleared your old account and your automatic payments have cleared your new FCB Banks account, close your old account using the **Account Closing Authorization (Form 3)**.

Track your progress:

- ☐ Open your new FCB account
- ☐ Sign up for Online Banking, Bill Pay, and e-statements
- ☐ Verify there are enough funds in your old account to cover outstanding payments
- ☐ Transfer any automatic debit card payments to your new FCB debit card
- ☐ Contact your direct deposit providers to alert them of your new account
- ☐ Confirm all credits and debits have cleared your old account
- ☐ Confirm all automatic payments have cleared your new FCB account
- ☐ Close your old account by sending written notice to your financial institution

Questions? Concerns?

Stop by any location or call
Customer Service at
866-323-4322
8 am – 8 pm Mon-Sat



Use these lists to keep track of which direct deposits and automatic payments have been switched:

Deposits	Company Name	Account Number	Date Sent	✓
Payroll				
Payroll				
Pension				
Social Security				
Other				
Other				

Automatic Payments	Company Name	Account Number	Date Sent	✓
Mortgage/Rent				
Car				
Car				
Insurance				
Insurance				
Telephone				
Cell Phone				
Electricity				
Gas				
Water				
Cable/Satellite				
Internet Service				
Other				
Other				
Other				

Direct Deposit Change Request – Form 1

☐ Change ☐ New

Company Information

Name Date

Address

City, State, Zip Phone

Individual Information

Name Date

Address

City, State, Zip Phone

I have closed account number _____ at _____,
and hereby authorize the transfer of my direct deposit to my new bank, FCB Banks, and
submit this letter as written notification.

Deposit Instructions

Financial Institution: FCB Banks

Routing Number: ☐ 081025198 (*First Collinsville Bank*) ☐ 081914856 (*First County Bank*)

☐ Deposit the entire amount into account number _____.

☐ Deposit \$_____ into account number _____ and the
remainder into account number _____.

I authorize:

- The above listed entity to initiate deposit of my funds to my FCB Banks account(s)
- FCB Banks to credit entries to my account
- The notice to remain in effect until I send written notice of change or cancellation

Signature Date

Printed Name

*Attach a voided check copy



Automatic Payment Change Request – Form 2

Complete a separate form for each payment. This form may be copied. Don't forget that many automatic payments can be set up directly in FCB Banks Bill Pay!

☐ Change ☐ New

Customer Information

Name _____ Date _____

Address _____

City, State, Zip _____ Phone _____

Vendor/Payee Information (Complete as much as possible)

Name _____ Account Number _____

Address _____

City, State, Zip _____ Phone _____

New Bank Information

Financial Institution: FCB Banks

Routing Number: ☐ 081025198 (*First Collinsville Bank*) ☐ 081914856 (*First County Bank*)

Account Number: _____

☐ Checking ☐ Savings

Effective immediately, I authorize the above referenced Vendor/Payee and FCB Banks to initiate entries into my FCB Banks account. This authorization will remain in effect until I notify the referenced vendor in writing to cancel this request within a reasonable amount of time.

Signature _____ Date _____

Printed Name _____



Account Closing Authorization – Form 3

To: _____
(Current financial institution)

From:

Name Date

Address

City, State, Zip Phone

Accounts:

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

I hereby authorize the above listed account(s) be closed. Please mail any remaining funds in these accounts to:

☐ Me, at the above listed address

☐ FCB Banks

Attn: Customer Service

2610 N Illinois St

Swansea IL 62226

FCB account number to be credited: _____

Primary Account Holder Signature Date

Printed Name

Joint Account Holder Signature Date

Printed Name

Note: Prior to sending this Account Closing Authorization, please review your FCB Banks account statements to ensure all payments and deposits have been switched to your new FCB Banks account.

