

Social Security/SSI

American Partners Federal Credit Union

Switch Kit - Social Security/SSI Direct Deposits

Please complete and provide to your local Social Security office.

Your Information:

(Name)

(Social Security Number or Claim Number-Include Suffix)

(Street Address)

(City, State and Zip)

(Daytime Phone)

New Direct Deposit Information:

American Partners Federal Credit Union
PO Box 1198
Reidsville, NC 27323

APFCU Routing #: 253184430

Savings Account #: _____
 Checking Account #: _____

Benefit Type: Social Security SSI

I certify that I am entitled to the payment identified above. I authorize my payment to be sent to the financial institution above and be deposited to the designated account.

(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. American Partners Federal Credit Union is not responsible for overdraft charges incurred for insufficient funds.

Switch Kit - Check Order

American Partners Federal Credit Union

Switch Kit - Check Order

Please complete and provide to an American Partners Federal Credit Union Account Specialist.

***Provide only the information you want to appear on your checks.**

Your information:

(Account Owner Name)

(Joint Owner Name)

(Street Address)*

(City, State and Zip)*

(Phone)*

(Drivers License # - Account Owner)*

(Drivers License # - Joint Owner)*

APFCU Checking Account No.

(Number of Boxes) (Starting Check Number)

I authorize APFCU to process this check order as indicated above. I understand, unless otherwise indicated, I will receive the APFCU standard style checks. I also understand my account will be debited for the amount of the check order and that the appropriate funds will be available.

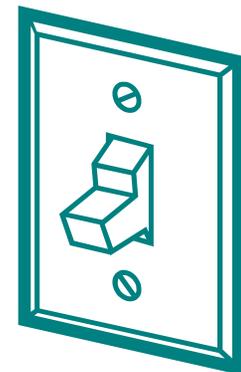
(Authorized Signature) (Date)

Please allow two weeks in order to process, print and mail checks.

"Extraordinary Service for
Everyday People"



Thank You for Making the Switch!



Switch Kit

American Partners Federal Credit Union

Switch Kit - Instructions

Switching to American Partners Federal Credit Union (APFCU) is a smart and easy move because we assist you in Making the Switch. Just follow the four easy steps below to switch to APFCU.

1 Open your accounts (savings and checking) at APFCU by stopping into any branch.

2 Look over the checklist to ensure you remember to switch all direct deposits (paychecks and other deposits) and automatic payments (bills deducted from your checking account). Fill out a direct deposit or automatic payment form for each applicable deposit or payment you wish to switch.

3 Complete the transfer request to close your account and transfer your funds from your previous financial institution to APFCU. **Remember to verify that all checks and automatic withdrawals have cleared from your previous account.**

4 Send out all your information for processing. As always our staff will be happy to assist you. Simply bring in or mail your completed forms to one of our friendly account specialists. We will review the forms to ensure all are completed accurately and appropriately. **Please note that other financial institutions and companies may request completion of additional forms.**

Congratulations,
you made the switch!

Benefits

Why make the switch to American Partners Federal Credit Union (APFCU)? In today's complex world of financial services, APFCU makes it simple. We offer a variety of products and services designed to fit **your** financial needs. Combine that with our outstanding member service and APFCU truly does provide *extraordinary service for everyday people*.

- Free Online Bill Pay
- Free Home Banking available 24/7
- Free Teller Touch 24/7 available 24/7
- Consumer & Mortgage Lending
- Visa Credit Cards
- Safe Deposit Boxes
- Free Credit Counseling
- Free Notary and Signature Guarantee Services
- Night Depositories
- Visa Online Account Services
- Same Day Credit
- Free Online Check Imaging (90 Day History)
- Free Mobile Banking

Checklist

American Partners Federal Credit Union

Switch Kit - Checklist

As you make the Switch to American Partners Federal Credit Union (APFCU) we want to ensure that you have not omitted any deposits or payments. Review the list below to make sure you remember to switch all of your direct deposits and automatic payments.

We also suggest you review your last two months of financial statements (i.e. checking, savings, etc.)

Direct Deposit

- Payroll
- Social Security
- Government
- Retirement
- Investments
- Other

Automatic Payments

- Mortgage
- Auto Loan
- Health Insurance
- Life Insurance
- Car Insurance
- Credit Card(s)
- Utilities
- Cable TV
- Telephone
- Cellular Phone
- Internet Services
- Health/Athletic Club
- Investments/Annuities
- Charitable Contributions

Transfer

American Partners Federal Credit Union Switch Kit - Account Transfers Request

Complete this form and provide it to your current financial institution.

Date _____

Your Information:

(Name)

(Social Security Number)

(Co-Owner/Applicant)

(Co-Owner/Applicant Social Security Number)

(Street Address)

(City, State and Zip)

(Daytime Phone)

Transfer My Account FROM:

(Name of Financial Institution)

(Street Address)

(City, State and Zip)

(Existing Account Number)

- Please close my account and send the entire account balance to me at the address noted above.
- Please close my account and send the entire account balance to:

American Partners Federal Credit Union
PO Box 1198
Reidsville, NC 27323
Please reference Account #: _____

I hereby direct you to complete the requested transfer from my existing account.

(Authorized Signature) (Date)

(Co-Owner's Signature) (Date)

(Notary) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. APFCU is not responsible for overdraft charges incurred for insufficient funds.

Deposits

American Partners Federal Credit Union Switch Kit - Direct Deposits

Provide this form to each company that initiates deposits directly into your account(s).

Employer and/or Company Information:

(Name)

(Address)

Your Information:

(Name)

(Social Security Number and/or Employee Number)

(Street Address)

(City, State and Zip)

(Daytime Phone)

New Direct Deposit Information:

American Partners Federal Credit Union
PO Box 1198
Reidsville, NC 27323
APFCU Routing #: 253184430

Please deposit my payroll according to the following:

- Savings Account #: _____
 Net Pay \$ _____ Per Pay Period
- Checking Account #: _____
 Net Pay \$ _____ Per Pay Period

I hereby authorize the above named to deposit my net paycheck or other distribution as indicated above. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount or then current salary may then be withdrawn without liability or prior notice. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. APFCU is not responsible for overdraft charges incurred for insufficient funds.

Payments

American Partners Federal Credit Union Switch Kit - Automatic Payments

Complete this form and provide it to each company that automatically deducts payments from your account(s).

Company Information:

(Name)

(Address)

Your Information:

(Name)

(Street Address)

(City, State and Zip)

(Account Number) (Daytime Phone)

I have recently changed financial institutions and would like to have my automatic payment(s) with your company changed to my new account. Please discontinue debiting my previous account and begin making automatic withdrawals from my American Partners Federal Credit Union Account according to the following information:

American Partners Federal Credit Union
PO Box 1198
Reidsville, NC 27323
APFCU Routing #: 253184430

- Savings Account #: _____
- Checking Account #: _____

Date(s) or Frequency of Payment _____

- Amount Due Specific Amount
- \$ _____

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed above. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. APFCU is not responsible for overdraft charges incurred for insufficient funds.