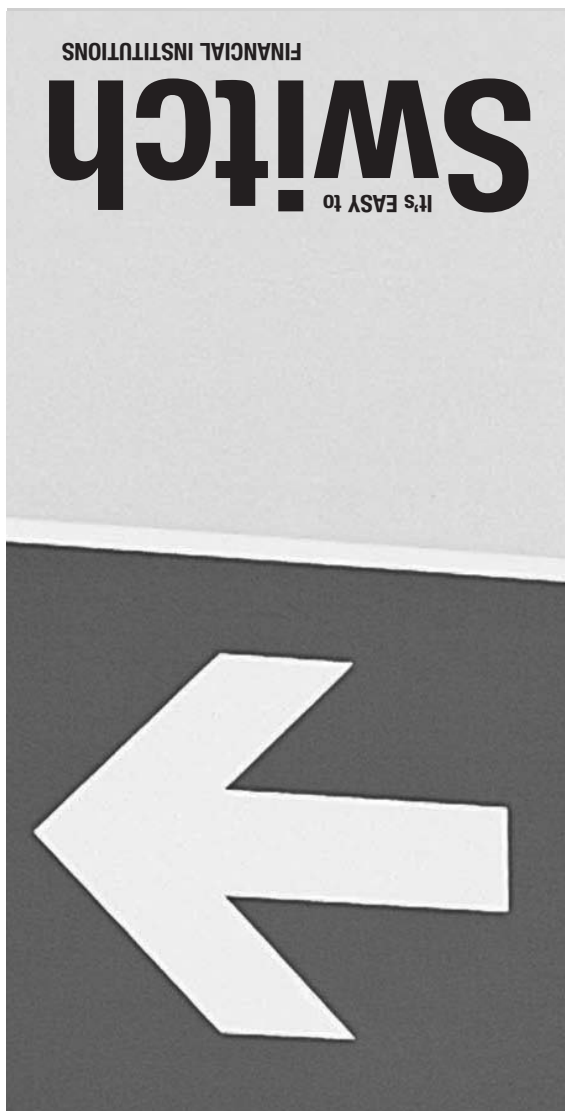




YOUR FINANCIAL INSTITUTION
101 Your Street
Your City, USA 10101



Seven Steps or Less

You can quickly and easily enjoy the convenience and benefits of our superior service—all you need is this pamphlet! The forms you may need are right here.

And, all you have to do is follow these steps:



1. Open your new accounts with us.
2. Stop using your old accounts.
3. Stop direct deposits from going to your old accounts and start sending them to your new accounts with **FORM A**. Because you may have more than one company making direct deposits, we've provided two copies.
4. Call the appropriate agencies to stop any direct deposits of government benefits to your old accounts and to start such direct deposits to your new accounts.
 - a. Social Security Administration—(800)772-1213
 - b. Department of Veterans Affairs—(800)827-1000
 - c. Office of Personnel Administration—(888)767-6738
5. Revoke the authority to initiate payments (preauthorized payments) from your old accounts and authorize the initiation of payments from your new accounts. Complete **FORM B** for each third party currently authorized to initiate payments.
6. Authorize automatic transfers between your accounts with us—complete **FORM C** for each type of transfer.
7. Once your direct deposits are being received by your new accounts and all transactions on your old accounts have cleared, use **FORM D** to close your old accounts and terminate authority for transfers between them.

SAMPLE TEXT

A

FORM A: Revocation of Prior Authorization and Authorization for Automatic (Direct) Deposit

Company Name & Address: _____

I/we revoke all prior authorizations of the Company (identified above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the Account. I/we acknowledge that the origination of these transactions must comply with U.S. law.

Account: Checking/Share Draft Savings/Share Savings _____

Account Number: _____ Taxpayer Identification Number: _____

Financial Institution Name, Address, and Routing Number:

YOUR FINANCIAL INSTITUTION, 101 YOUR STREET, YOUR CITY, USA 10101
Routing Number [Institution Routing number here]

This authorization will remain in effect until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such a manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of notification is permitted.

(Signature) (Signature)

(Print Name) (Date) (Print Name) (Date)

Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

A

FORM A: Revocation of Prior Authorization and Authorization for Automatic (Direct) Deposit

Company Name & Address: _____

I/we revoke all prior authorizations of the Company (identified above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the Account. I/we acknowledge that the origination of these transactions must comply with U.S. law.

Account: Checking/Share Draft Savings/Share Savings _____

Account Number: _____ Taxpayer Identification Number: _____

Financial Institution Name, Address, and Routing Number:

YOUR FINANCIAL INSTITUTION, 101 YOUR STREET, YOUR CITY, USA 10101
Routing Number [Institution Routing number here]

This authorization will remain in effect until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such a manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of notification is permitted.

(Signature) (Signature)

(Print Name) (Date) (Print Name) (Date)

Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

Seven Steps or Less



B

FORM B: Revocation of Prior Authorization and Authorization for Preauthorized Payments

Company Name & Address: _____

I/we revoke all prior authorizations of the Company (identified above) to initiate preauthorized payments from or debit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate debit entries to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of accomplishing the following preauthorized payments:

Amount: \$ _____ May vary May not exceed \$ _____

Regarding any right I/we have to receive notice at least 10 days prior to the due date of any payment of a varying amount, I/we choose to receive this notice ONLY when the amount of my/our payment falls outside

the range of \$ _____ to \$ _____. ONLY when the amount of my/our payment

differs from the most recent payment by more than \$ _____.

Frequency: Weekly Monthly _____

Termination Date (Optional): _____

Account: Checking/Share Draft Savings/Share Savings _____

Account Number: _____ Taxpayer Identification Number: _____

Financial Institution Name, Address, and Routing Number:
YOUR FINANCIAL INSTITUTION, 101 YOUR STREET, YOUR CITY, USA 10101
Routing Number [Institution Routing number here]

My/our Account will remain subject to the account agreement terms and conditions not modified by this authorization. I/we acknowledge that the origination of these transactions must comply with U.S. law. This authorization will remain in effect until the termination date stated above or until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of revocation is permitted.

(Signature) (Signature)

(Print Name) (Date) (Print Name) (Date)

Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

C

FORM C: Automatic Transfer Authorization

Financial Institution Name, Address, and Routing Number:
YOUR FINANCIAL INSTITUTION, 101 YOUR STREET, YOUR CITY, USA 10101
Routing Number [Institution Routing number here]

I/we authorize the Financial Institution (identified above) to make transfers between my/our accounts (identified below) at the Financial Institution as set forth below:

FROM: Checking/Share Draft Savings/Share Savings _____

Account Number: _____

TO: Checking/Share Draft Savings/Share Savings

Installment Loan _____

Account Number: _____

AS FOLLOWS:

Periodic Transfers
Amount to be Transferred: \$ _____ Effective Date: _____ Termination Date: _____

Frequency: Weekly Monthly _____

Maintenance Transfers
When the balance of the account to which transfers are to be made falls below a minimum of \$ _____, transfers will be made in multiples of \$[your dollar amount here] as needed to raise the balance to such minimum. You authorize the Financial Institution to charge a fee of \$[your dollar amount here] to the account from which the transfers are made for each such transfer.

Insufficient Funds Transfer
When I/we overdraw the account to which transfers are to be made, transfers will be made in multiples of \$[your dollar amount here] as needed to cover the overdraft. You authorize the Financial Institution to charge a fee of \$[your dollar amount here] to the account from which transfers are made for each such transfer.

The authorization to make transfers provided herein does not create an obligation on the part of the Financial Institution to make such transfers. My/our accounts with the Financial Institution will remain subject to their account agreement terms and conditions not modified by this authorization.

(Signature) (Signature)

(Print Name) (Date) (Print Name) (Date)

Submit the original to the Financial Institution and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.

D

FORM D: Notice to Close Accounts and Terminate Authority to Make Transfers

Institution Name and Address: _____

By this notice I/we close the following accounts at the Institution (identified above) and revoke any authority the Institution has to make transfers between my/our accounts:

Checking/Share Draft Savings/Share Savings _____

Account Number: _____

Checking/Share Draft Savings/Share Savings _____

Account Number: _____

Checking/Share Draft Savings/Share Savings _____

Account Number: _____

Checking/Share Draft Savings/Share Savings _____

Account Number: _____

All my/our checks/share drafts have cleared the listed accounts, and I/we have revoked all authorizations for direct deposits to and preauthorized payments from such accounts. The Institution shall send all account balances to me/us.

(Signature) (Signature)

(Print Name) (Date) (Print Name) (Date)

Submit the original to the institution that had your old accounts and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.



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Are you staying with a financial institution just because you think it's a hassle to switch? It isn't!