



ACCOUNT *ability* SM

Dear Valued Member:

Great News! JAX FEDERAL Credit Union has now made it easier than ever to take advantage of the benefits credit union checking has to offer! Everything you need to move your account is right here – no hassle! Just follow these three easy steps:

Step #1 — To make it easy, ask your previous checking institution to close your checking account. Simply fill out the Checking Account Closure Form provided, or take it to your current checking account institution. This form allows you to specify the date you want your account closed and where you want your remaining balance sent.

Step #2 — If you currently enjoy the benefits of direct deposit and would like to continue to do so with your new checking account at JAXFCU, no problem! Just fill out the Direct Deposit Change Form and give it to your employer. This form tells your employer everything they need to know about where to send your direct deposit and the effective date on which you want the change to take place!

Step #3 — If you presently have payments automatically deducted from your current checking account and would like to continue this with your new checking account at JAXFCU, that's easy too! Simply fill out the Automatic Payment Change Form and forward it to those companies who automatically draft your checking account on a regular basis. They will change their records to start drafting your JAXFCU checking account on the date you specify!

From higher rates on deposit accounts to lower rates on the loans you may need, JAXFCU is always here for you! So, give us an opportunity to be accountable for providing you with quality products and services . . . move over to JAX FEDERAL Credit Union's checking today!

562 Park Street — Jacksonville, FL 32204
(904) 475-8000 — www.jaxfcu.org

ACCOUNT *ability* SM CHECKING ACCOUNT CLOSURE FORM

Date _____ Name _____
PREVIOUS Financial Institution _____
Address _____
PREVIOUS Acct. No. _____ NEW Acct. No. _____
NEW Financial Institution **JAX FEDERAL Credit Union**
Address **562 Park Street Jacksonville, FL 32204**
Attention **Deposit Services** Telephone No. **(904) 475-8000**
I hereby authorize the closure of my account effective _____
Signature _____ Social Security No. _____

PLEASE SEND THIS TO THE FINANCIAL INSTITUTION
THAT HAS YOUR CURRENT CHECKING ACCOUNT.

ACCOUNT *ability* SM DIRECT DEPOSIT CHANGE FORM

Date _____ Name _____
Name of Employer _____
Employer's Address _____
PREVIOUS Financial Institution _____
Address _____ PREVIOUS Acct. No. _____
NEW Financial Inst. **JAX FEDERAL Credit Union** NEW Acct. No. _____
Address **562 Park Street Jacksonville, FL 32204**
Routing No. for New Credit Union **263079234** Telephone No. **(904) 475-8000**
I hereby authorize this change in direct deposit effective _____
Signature _____ Social Security No. _____

PLEASE SEND THIS TO YOUR PRESENT EMPLOYER.

Please note: Your employer may require you to complete additional forms for authorization.

ACCOUNT *ability* SM AUTOMATIC PAYMENT CHANGE FORM

Date _____ Name _____
Company to Receive Payment _____
Company Address _____
PREVIOUS Financial Institution _____ PREVIOUS Acct. No. _____
Address _____ Amount of Payment \$ _____
NEW Financial Inst. **JAX FEDERAL Credit Union** NEW Acct. No. _____
Address **562 Park Street Jacksonville, FL 32204**
Routing No. for New Credit Union **263079234** Telephone No. **(904) 475-8000**
I hereby authorize this change in automatic payment effective _____
Signature _____ Social Security No. _____

PLEASE SEND THIS TO THE COMPANY THAT RECEIVES YOUR ELECTRONIC PAYMENT.

Let us know if you need additional copies for multiple drafts.