

welcome



Thank you for your interest in becoming a member of First Watch Federal Credit Union!

Our mission is to offer you a wide array of superior products and services to meet all of your financial needs. Being a member-owned credit union, we strive to offer our members competitive rates on deposits and loans and to provide you with professional, personalized service.

Whether you are just starting out or coming to us from another financial institution, it has never been easier to open an account with First Watch Federal Credit Union. We have created a simple Switch Kit to help you change your direct deposits, move your automatic payments, transfer your money from existing financial institutions and close the account.

Attached you will find an application for membership and a helpful checklist that will guide you through the process of transferring your accounts. To establish membership, you will need to open a share (savings) account. A \$25 minimum balance plus a one-time \$1 membership fee is required for a total of \$26.

First Watch Federal Credit Union considers itself privileged to have supported our members since 1959 and we will continue our mission of superior product and service delivery. Service means more than an account or a loan; it means building relationships based on mutual respect and understanding, leading to a lifelong relationship. We look forward to meeting all your financial needs.

Sincerely,

Megan Allred
President

simply checking application



Please provide all requested information. To complete the application process, fill out this form and bring it in to your nearest financial center:

1118 Pine Street
Abilene, Texas 79601
325-670-2429

3324 Catclaw
Abilene, Texas 79606
325-691-5104

MEMBER INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Address (No PO Box) _____

City _____ State _____ Zip _____

Social Security Number _____ Driver's License Number _____

Mothers Maiden Name _____ Date of Birth _____

Home Phone Number (____) _____ Work Phone Number (____) _____

Employer _____

Email Address _____

JOINT MEMBER INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Address (No PO Box) _____

City _____ State _____ Zip _____

Social Security Number _____ Driver's License Number _____

Mothers Maiden Name _____ Date of Birth _____

Home Phone Number (____) _____ Work Phone Number (____) _____

Employer _____

Email Address _____

Member Signature _____ Date _____

Joint Member Signature _____ Date _____

IMPORTANT : To comply with the USA Patriot Act the following identification is required to open an account:
A valid government issued picture ID showing current street address, proof of residency if address on ID is not current and a Social Security Card or number.

change payroll direct deposit



Date

Employer/ Depositor's Name

Address

City, State, Zip

To My Employer:

You are currently depositing **MY ENTIRE PAYCHECK / PART OF MY PAYCHECK** (circle one)
to the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Effective _____ (date), please stop making deposits to that account and instead
send them to:

Financial Institution Name: _____

Routing Number: **311376591**

Member Number: _____

Checking _____ Savings _____

If you have any questions about this request, please contact me during the
DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank You.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID#, etc.)

change automatic payments/withdrawals



Date

Name of Company That makes Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for account # _____
on the _____ day of the month from the following account:

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Effective _____ (date), please stop making withdrawals from this account and instead, debit from:

Financial Institution Name: _____

Routing Number: **311376591** _____

Member Number: _____

If you have any questions about this request, please contact me during the
DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank You.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

close account



Date

Financial Institution's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below:

If you have any questions about this request, please contact me during the

DAY / EVENING (circle one) at (_____) _____ (phone number).

Thank You.

Sincerely,

Signature

Name (please print)

Address

Joint Owner Signature

Joint Owner Name (please print)

*Make copies of this form as needed.

Switch Kit Checklist

Print this checklist and check off the boxes on your printed copy as you complete items.



- Open your membership and checking account at First Watch Credit Union. You may do this by visiting any of our branch locations or by downloading a membership application
- Verify that all checks, check card transactions, and scheduled bill payments have cleared your old checking account.
- Make certain funds are available in your old account to cover any automatic payments, checks, and check card transactions that may still be withdrawn. Check maturity dates on Certificates of Deposit if transferring in order to avoid early withdrawal penalties.
- Direct Deposit Change Request Form**
Contact directly companies with which you have direct deposit (employer, government deposits, pension, transfers from other financial institutions, investment dividends, child support or court-issued deposits, etc.) notifying them that you want to switch your direct deposit to your new First Watch Credit Union account.
- To change Social Security deposits, visit:** www.ssa.gov/deposit/howtosign.htm or call the Social Security Administration: 1-800-772-1213 (TTY 1-800-325-0778)
First Abilene Routing/Transit number: 311376591
- Change Automatic Payments/ Withdrawals**
Contact directly companies that automatically take payments from your checking account or debit card, notifying them that you are closing the account.
 - * Utilities
 - * Mortgage
 - * Insurance
 - * Automobile
 - * Phone
 - * Transfer to other accounts

If you intend to continue these automatic payments, use our Change Automatic Payments/ Withdrawals Form to simplify the task or signup for free On-Line Bill Pay and schedule these recurring payments.
- Verify that your direct deposits and automatic payments have begun posting to the proper First Watch Credit Union account.
- Verify that all checks, check card transactions, and scheduled bill payments have cleared your old checking account.
- Account Closing Request Form**
Send a written notice to your old financial institution informing them that you are closing your account.