

Stress-Free SwitchKit



Switching to First Federal is quick and easy with our Stress-Free SwitchKit.
Switch today and be **First With Us!**

✓ **Step 1:**

Complete the application attached and stop by a local First Federal Branch to open your account. If you have any questions about the forms or what you should bring to account opening, please call 228-762-4034

✓ **Step 2:**

Register for Online Banking at FirstWithUs.com. Then download our convenient **Touch Banking** mobile app to help manage your transition to First Federal. Don't forget to sign up for e-Statements in Online Banking.

✓ **Step 3:**

Re-direct your Direct Deposits by using the Direct Deposit form. Submit the form and account information to your employer's Human Resources department, if required.

✓ **Step 4:**

Review the last few statements on your previous bank account and use the enclosed Account Transfer Worksheet to note all direct deposits and automatic payments.

✓ **Step 5:**

Move your automatic payments (or set up new ones) by using the Automatic Payment Form.

✓ **Step 6:**

Confirm all checks have cleared and your direct deposits and automatic payments have been changed. It usually takes 2 or 3 deposit/billing cycles for your transactions to get switched over and started.

Contact Information
1-844-769-5305 (Toll Free)
228-762-4034 (Main Branch Phone)
228-762-0216 (Main Branch Fax)
FirstWithUs.com



DATE: _____

EXISTING CUSTOMER? YES NO

NAME: _____ SSN: _____ DOB: _____

DL# _____ ISSUE DATE: _____ EXP DATE: _____ AMERICAN CITIZEN: YES NO

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

EMPLOYER: _____ WORK PHONE: _____

NAME: _____ SSN: _____ DOB: _____

DL# _____ ISSUE DATE: _____ EXP DATE: _____ AMERICAN CITIZEN: YES NO

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

EMPLOYER: _____ WORK PHONE: _____

NAME: _____ SSN: _____ DOB: _____

DL# _____ ISSUE DATE: _____ EXP DATE: _____ AMERICAN CITIZEN: YES NO

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

EMPLOYER: _____ WORK PHONE: _____

CUSTOMER(S) SIGNATURE:

ACCT TYPE: _____ ACCT #: _____ EMPLOYEE NAME: _____

DEPOSIT AMT: _____ CASH CHECK JE CHECK STYLE: _____

Account Transfer Worksheet



| Direct Deposits | Company | Acct. # | Amount | Completed |
|--------------------|---------|---------|--------|-----------|
| Payroll | | | | |
| Social Security | | | | |
| Interest/Dividends | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

| Automatic Transfers | Company | Acct. # | Amount | Completed |
|---------------------|---------|---------|--------|-----------|
| Electric | | | | |
| Telephone | | | | |
| Mortgage | | | | |
| Loans (car/home) | | | | |
| Cell Phone | | | | |
| Cable/Dish | | | | |
| Insurance | | | | |
| Gas | | | | |
| Water/Sewer | | | | |
| Internet | | | | |
| Brokerage | | | | |
| Child Support | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

Please make sure that all direct deposits and automatic transfers have been processed prior to closing your account.



Direct Deposit Form

Date: _____

To Whom It May Concern:

I recently changed banks and request that my automatic deposit be switched to my new account at First Federal. Please accept this letter as my authorization to transfer funds from your company to:

First Federal Savings and Loan Association of Pascagoula - Moss Point
P.O. Box 640
Pascagoula, Mississippi 39568

First Federal's routing number is: 265371121

My new account number is: _____ Checking Savings

Signature: _____

Print Name: _____

Address: _____

Phone: _____

Automatic Payment Form



Complete this form and send to each company receiving your automatic payment. Attach a voided check if required.

Effective Date: _____

Company Name: _____

Account Number: _____

Company Address: _____

To Whom It May Concern:

I recently changed banks and request that my automatic deduction be switched to my new account at First Federal. Please accept this letter as my authorization to initiate debit entries from my account at:

First Federal Savings and Loan Association of Pascagoula – Moss Point
P.O. Box 640
Pascagoula, Mississippi 39568

First Federal's routing number is: 265371121

My new account number is: _____

- Checking
- Savings

If you have any questions about this change, please call me at (____) _____ - _____

Signature: _____

Print Name: _____

Address: _____

Account Closure Form



Effective Date: _____

Name of
Financial Institution: _____

Address: _____

Account Number: _____

Account Number: _____

To Whom It May Concern:

Please accept this letter as authorization to close the account(s) listed above and transfer the balance(s) plus any accrued interest to:

First Federal Savings and Loan Association of Pascagoula – Moss Point
P.O. Box 640
Pascagoula, Mississippi 39568

First Federal's routing number is: 265371121

Credit to my new account number: _____

If you have any questions about this change, please call me at (____) _____ - _____

Signature: _____

Print Name: _____

Address: _____



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Authorization Instructions (Please print or type):

1. Complete employee information.
2. List financial institution and account numbers.
3. Under type of account indicate checking or savings.
4. Attach Account Verification (No Deposit Slips)

Until further notice, I hereby authorize Ingalls Shipbuilding, and the financial institution identified below to deposit my net pay into my designated account and to correct my account for any amounts deposited to it for which I am not entitled. This authority is to remain in effect until I withdraw this authorization by written notice to Ingalls Shipbuilding, or when I submit a new authorization form. I understand that reasonable time is needed to implement this authorization, any later authorization, or the withdrawal of any authorization. My termination from the Company will cancel this agreement.

EMPLOYEE NAME _____
 (PLEASE PRINT)

SIGNATURE _____

DEPT. _____ **BADGE** _____

SSN# _____

DATE _____ **TELEPHONE EXT.** _____

| A D D | C H A N G E | D E L E T E | FINANCIAL INSTITUTION NAME & CITY, STATE | ACCOUNT NUMBER | TYPE OF ACCOUNT | AMOUNT TO DEPOSIT |
|-------------|----------------------------|----------------------------|---|----------------|------------------------|-----------------------------------|
| | | | | | CHECKING OR SAVINGS | (REQUIRED) BALANCE OF CHECK |
| | | | | ROUTING NUMBER | | |

| A D D | C H A N G E | D E L E T E | FINANCIAL INSTITUTION NAME & CITY, STATE | ACCOUNT NUMBER | TYPE OF ACCOUNT | AMOUNT TO DEPOSIT |
|-------------|----------------------------|----------------------------|---|----------------|------------------------|----------------------|
| | | | | | CHECKING OR SAVINGS | |
| 1. | | | | ROUTING NUMBER | | |
| 2. | | | | ACCOUNT NUMBER | | |
| | | | | ROUTING NUMBER | | |

For more than one financial institution, list in the order you want to be deposited first. Call Payroll at 3091 for further assistance.