



CAROLINA COLLEGIATE

F E D E R A L C R E D I T U N I O N

StressFree SWITCH KIT

4480 Rosewood Drive, Columbia SC 29209 • www.carolina.org • (803) 227-5555

This credit union is federally insured by the NCUA and is an Equal Housing Lender.

Welcome!

Welcome to Carolina Collegiate Federal Credit Union, the home of StressFree banking. We have been providing access to fair and affordable financial services to staff, students, and alumni of the University of South Carolina and their families since 1967.

We're glad you've chosen to become a member-owner of Carolina Collegiate! Our mission is to better the financial lives of our members. We are owned and operated by our members, and now that includes YOU! As a member, you have a say in how Carolina Collegiate is run, and you benefit from any profits made as they are returned directly to you in the form of better loan rates and less fees than big banks. Since this credit union is a not-for-profit organization, we aren't in the business of making money. Our goal instead is to make a difference, one member at a time.

How can the credit union help me?

The more products and services that you use with Carolina Collegiate Federal Credit Union, the more benefit you'll see. A recent study showed that the average American has accounts at three different financial institutions. If you have accounts or loans spread across several financial institutions, we encourage you to compare them with the rates offered by Carolina Collegiate. We have helped thousands of members save money by refinancing loans from other financial institutions. Not only could you receive a better rate and lower your monthly payments, but you'll have the convenience of one point of contact for all of your financial needs.

Is my money secure?

Yes. Carolina Collegiate Federal Credit Union is supervised by the National Credit Union Administration. Your account is insured by the National Credit Union Administration (NCUA) up to \$250,000. Additional coverage is available for retirement accounts. In addition, the NCUA conducts annual examinations of Carolina Collegiate.

What if I don't have easy access to a Carolina Collegiate branch or ATM?

That's okay! We are part of the Co-op® Network, which is a huge benefit to our members. By partnering with other credit unions, you have access to 5,000 branches nationwide, including 48 credit union branches in South Carolina (ten in the Columbia area alone). You also have access to over 30,000 surcharge-free Co-op® ATMs nationwide!



Products & Services

Below are some of the products and services that we offer. Please take a brief moment to review these and decide if you are in need of any of them. If you have any of these products or services with another financial institution, consider letting us compare them and show you what you could be saving by switching them over to Carolina Collegiate.

Accounts

- Checking Accounts
- Savings Accounts
- Business Accounts
- Certificates & IRA Accounts
- “Scholars Dollars” Youth Accounts
- Club Accounts

Loans

- Personal Loans
- New & Used Auto Loans
- Home Equity Loans
- RVs / Boats / Campers
- Mortgage Loans
- Student Loans
- Business Loans
- Lines of Credit
- VISA® Credit Cards
- Overdraft Protection

Services

- ATM Access
- Wire Transfers
- Safe Deposit Boxes
- Savings Bonds
- Financial Education Tools
- StressFree BillPay
- Custom Instant Issue VISA® Debit Cards
- Free Notary Service
- Coin Sorting & Counting
- Benefits Plus Checking – Local & National Discounts
- TouchBanking™ Mobile App
- StressFree eDeposit



Switch Checklist

Carolina Collegiate FCU makes it quick and easy to make the switch! Use this convenient checklist to make sure you've got all of your bases covered.

1 Have your new Carolina Collegiate account number(s) ready when completing the authorization forms in this Switch Kit.

Carolina Collegiate FCU Account Number: _____

Carolina Collegiate FCU Routing Number: 253978824

2 Savings, Checking, and bill payment accounts to close using the **Account Closure** form.

3 Switch direct deposits/automatic deposits using the **Change Automatic Withdrawal** form.

- Employer Deposit Brokerage Deposits Child Support /Court Ordered Deposits
 Government Deposits Social Security Other _____

4 Switch automatic payments/withdrawals using the **Change Payroll Direct Deposit** form.

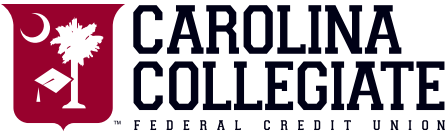
- Mortgage/Rent Auto Association Fees Phone/Cell Phone
 Club/Membership Dues Internet service Investments Cable/Satellite
 Credit Cards Utilities Online billing

5 Now that you're a member of Carolina Collegiate, you can take advantage of these other low interest loans:

- New/Used Auto RV/Boat/Camper Home Equity Student

For additional help in switching your account(s) to Carolina Collegiate Federal Credit Union, just call us at **(803) 227-5555**, or stop by one of our branches – we're happy to help!





Account / Member Application

MEMBER APPLICATION AND OWNERSHIP INFORMATION		ACCOUNT CARD	
Member/Owner:		Member No:	
Street:	SSN/TIN:		
City/State/Zip:	Driver's Lic. No:		
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:		
Work Phone:	Password:		
E-mail:	Membership Eligibility:		
Employer:			
ACCOUNT OWNERSHIP			
Designate the ownership of the accounts and responsibility for the services requested.			
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> Joint Account without Rights of Survivorship			
Joint Owner:		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Password:	
Work Phone:		E-mail:	
Joint Owner:		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Password:	
Work Phone:		E-mail:	
Joint Owner:		SSN/TIN:	
Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		Password:	
Work Phone:		E-mail:	
ACCOUNT DESIGNATIONS			
<input type="checkbox"/> Payable on Death (POD)/Trust Account <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____			
Beneficiary/POD Payee:		Beneficiary/POD Payee:	
Street:		Street:	
City/State/Zip:		City/State/Zip:	
<input type="checkbox"/> UTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)			
Minor's SSN/TIN:			
<input type="checkbox"/> Agency		Print Name of Agent:	
		Signature:	Date:
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts: _____			
<input type="checkbox"/> See Account Authorization Card <input type="checkbox"/> Other: _____			
ACCOUNT TYPE			
All of the terms, conditions, form of account ownership, account selection, and other information indicated on this Card apply to all of the accounts listed unless the Credit Union is notified in writing of a change.			
Suffix		Suffix	
<input type="checkbox"/> Share/Savings: _____		<input type="checkbox"/> Money Market: _____	
<input type="checkbox"/> Share Draft Checking: _____		<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	
<small>The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applied to more than one account of the same type, more than one suffix will be listed for that account type.</small>			

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (indicate transfer priority):

ATM Card:

Debit Card:

Other:

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
2. (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).
4. (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FARCA reporting code (if any) _____

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/Approved by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

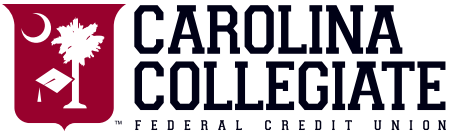
PC Access/Internet Banking

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303



Account Closure

Before you close your old Checking Account, please make sure that...

- All checks have cleared
- All check card transactions have cleared
- Automatic payments have stopped
- Direct deposit has been stopped

Date

Financial Institution Name

Address

City, State, Zip Code

To Whom It May Concern:

I hereby authorize the closure of my account effective _____.

The account number is _____.

Please transfer any remaining balance via check to:

**Carolina Collegiate FCU
4480 Rosewood Drive
Columbia, SC 29209
(803) 227-5555**

or you can transfer my remaining balance electronically to Carolina Collegiate FCU,
routing number **253978824**, account number _____.

Please contact me at _____ with any questions.
Daytime phone

Thank you,

Signature

Name (Please Print)

Address

City, State, Zip Code

Co-Signer Signature

Co-Signer Name (Please Print)

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209
710 Pulaski Street, Columbia, SC 29201
University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303



Change Automatic Withdrawal

Date

Name of Company that makes Automatic Withdrawals

Address

City, State, Zip Code

To Whom It May Concern:

You are currently withdrawing \$ _____ for _____,
_____ on _____ from the following account:

Old Financial Institution

F.I. Routing Number

Account Number

I have recently changed financial institutions and I hereby authorize you to switch the regular payment over to my new account at:

**Carolina Collegiate FCU
4480 Rosewood Drive
Columbia, SC 29209
(803) 227-5555**

routing number **253978824**, account number _____. I have attached a voided check.

Please contact me at _____ with any questions.
Daytime phone

Thank you,

Signature

Name (Please Print)

Address

City, State, Zip

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303



Change Payroll Direct Deposit

Date

Employer/Depositor Name

Address

City, State, Zip Code

To Whom It May Concern:

You are currently depositing my entire paycheck / part of my paycheck (select one) into the following account:

Old Financial Institution

F.I. Routing Number

Account Number

I have recently changed financial institutions and I hereby authorize you to switch my direct deposit over to my new account at:

**Carolina Collegiate FCU
4480 Rosewood Drive
Columbia, SC 29209
(803) 227-5555**

routing number **253978824**, account number _____. I have attached a voided check.

Please contact me at _____ with any questions.
Daytime phone

Thank you,

Signature

Name (Please Print)

Address

City, State, Zip

Additional information as needed by Employer/Depositor (SSN, Employee ID, etc.)

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

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