

1st Community Bank Pack

We make switching to us easy.

ONLINE BANKING
CONVENIENT·PERSONAL·BUSINESS·CHECKING·MOBILE·LOAN·
SMALL BUSINESS ADMINISTRATION·HOME LOAN CENTER·AWARD WINNING·ALICE·CORPUS CHRISTI
KINGSVILLE·PADRE ISLAND·PORTLAND·ROCKPORT·VICTORIA
MONEY
MEMBER SERVICES
PAY DEPOSIT CARDS
PTURE BANK
MOBILE APP
ROLL CARDS·S
PERSONAL BUSINESS
LOANS·KIDS CLUB·TEENS CLUB·TEENS CHECKING
FINANCIAL PLANNING·SAVINGS ACCOUNTS·TEXT
BANKING·WIRE TRANSFERS·CASH MANAGEMENT
FIRST COMMUNITY BANK·WE MAKE BANKING EASY



Nice to meet **you.**

Get started on switching your accounts to First Community Bank by following these 5 steps!

1 Open an FCB Checking Account

- Fill out the attached forms and **set-up an appointment by calling concierge at (361) 985-9310** or visit one of our 10 locations.

2 Stop Using Your Old Account

- Allow time for outstanding checks, debits, or direct deposits to clear the account.
- Shred your ATM/Debit cards, unused checks, and unused deposit slips.

3 Switch Your Direct Deposit to FCB

- Fill out the Direct Deposit Request Form provided.
- Drop off or mail the form to notify the depositor of your new account information.

4 Switch Your Withdrawals to FCB

- Fill out the Automatic Withdrawal Request Form provided (use our checklist on right).
- Drop off or mail the form to notify the withdrawer of your new account information.

5 Close Your Old Checking Account

- Fill out the Account Closing Request Form provided and mail to your old bank. Be sure to specify the date to close the account.

How to find the Routing & Account Numbers

- The routing number is the 9-digit number located in the bottom left corner of your check.
- Your account number is the set of numbers after the routing number.

DATE _____ 1025

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

1st Community Bank
MEMBER FDIC

MEMO _____

⑆ 114911807 ⑆ : 000000000 ⑆ ⑆ 1025

Routing # Account #

Helpful Checklist of Payments to Switch to your New FCB Account

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Gas | <input type="checkbox"/> Loans |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Mortgage |
| <input type="checkbox"/> Water | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Account Transfers |
| <input type="checkbox"/> Trash | <input type="checkbox"/> Other |

PRIMARY OWNER PEP: YES NO (Politically Exposed Person; Details Below)

First Name: _____ Last Name: _____ Middle: _____ DOB: _____
Physical Address: _____ Home Phone: _____
Mailing Address: _____ SSN/Tax ID: _____ Best Contact #: _____
Driver's License/Gov. Issued ID: State _____ Number _____ Expires _____
Email: _____
Employer: _____ Occupation: _____ Work Phone: _____
Emergency Contact: _____ Phone: _____

JOINT OWNER/ AUTHORIZED SIGNER (CIRCLE APPROPRIATE STATUS) PEP: YES NO (Politically Exposed Person; Details Below)

First Name: _____ Last Name: _____ Middle: _____ DOB: _____
Physical Address: _____ Home Phone: _____
Mailing Address: _____ SSN/Tax ID: _____ Best Contact #: _____
Driver's License/Gov. Issued ID: State _____ Number _____ Expires _____
Email: _____
Employer: _____ Occupation: _____ Work Phone: _____
Emergency Contact: _____ Phone: _____

JOINT OWNER/ AUTHORIZED SIGNER (CIRCLE APPROPRIATE STATUS) PEP: YES NO (Politically Exposed Person; Details Below)

First Name: _____ Last Name: _____ Middle: _____ DOB: _____
Physical Address: _____ Home Phone: _____
Mailing Address: _____ SSN/Tax ID: _____ Best Contact #: _____
Driver's License/Gov. Issued ID: State _____ Number _____ Expires _____
Email: _____
Employer: _____ Occupation: _____ Work Phone: _____
Emergency Contact: _____ Phone: _____

BENEFICIARY INFORMATION

Name: _____ SSN/DOB: _____
Address: _____
Name: _____ SSN/DOB: _____
Address: _____

FOR BANK USE ONLY

Non-Interest Bearing

Community Checking Community Gold Teen Checking Safe Deposit Box

Interest Bearing

Community Checking Plus Community Savings Teens Club Savings Kids Club Savings Community MMA
 Certificate of Deposit Individual Retirement Account

Required Verification

ChexSystem: Record No Record BSA: Due Diligence OFAC: System Auto Checks

Politically Exposed Persons (PEPs)

- A "senior foreign political figure" is a senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation. In addition, a senior foreign political figure includes any corporation, business, or other entity that had been formed by, or for the benefit of, a senior foreign political figure.
- The "immediate" family of a senior foreign political figure typically includes the figure's parents, siblings, spouse, children, and in-laws.
- A "close associate" of a senior foreign political figure is a person who is widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.

I have reviewed all information above and find it to be correct _____ Date _____

(Customer Signature)

Business Name: _____ Tax ID Number: _____
Physical Address: _____ Business Phone: _____
Mailing Address: _____ Cell Phone: _____
Email: _____ Website: _____
Ownership: _____ Type of Industry: _____
Purpose of Account: _____

Two Signatures Required: Yes No (If 'yes', \$25.00 monthly Special Handling Fee applies.)

OWNER / MEMBER / AUTHORIZED SIGNER (CIRCLE APPROPRIATE STATUS) PEP: YES NO (Politically Exposed Person; Details Below)

First Name: _____ Last Name: _____ Middle: _____ DOB: _____
Physical Address: _____ Home Phone: _____
Mailing Address: _____ SSN/Tax ID: _____ Best Contact #: _____
Driver's License/Gov. Issued ID: State _____ Number _____ Expires _____
Email: _____
Employer: _____ Occupation: _____ Work Phone: _____

OWNER / MEMBER / AUTHORIZED SIGNER (CIRCLE APPROPRIATE STATUS) PEP: YES NO (Politically Exposed Person; Details Below)

First Name: _____ Last Name: _____ Middle: _____ DOB: _____
Physical Address: _____ Home Phone: _____
Mailing Address: _____ SSN/Tax ID: _____ Best Contact #: _____
Driver's License/Gov. Issued ID: State _____ Number _____ Expires _____
Email: _____
Employer: _____ Occupation: _____ Work Phone: _____

OWNER / MEMBER / AUTHORIZED SIGNER (CIRCLE APPROPRIATE STATUS) PEP: YES NO (Politically Exposed Person; Details Below)

First Name: _____ Last Name: _____ Middle: _____ DOB: _____
Physical Address: _____ Home Phone: _____
Mailing Address: _____ SSN/Tax ID: _____ Best Contact #: _____
Driver's License/Gov. Issued ID: State _____ Number _____ Expires _____
Email: _____
Employer: _____ Occupation: _____ Work Phone: _____

BENEFICIARY INFORMATION (SOLE PROPRIETORSHIP ONLY)

Name: _____ SSN/DOB: _____
Address: _____
Name: _____ SSN/DOB: _____
Address: _____

Politically Exposed Persons (PEPs)

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- The "immediate" family of a senior foreign political figure typically includes the figure's parents, siblings, spouse, children, and in-laws.
- A "close associate" of a senior foreign political figure is a person who is widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.

I have reviewed all information above and find it to be correct _____ Date _____
(Customer Signature)

Direct Deposit Request

Use this form to change your Direct Deposit to First Community Bank



We make switching to us easy.

- Establish Direct Deposit
- Change Account Used for Direct Deposit

To: _____ (Company Name)
_____ (Address)
_____ (City, State, Zip)

Note:

If there are multiple accounts involved, please complete a form for each account.

Contact your employer(s) concerning Direct Deposit changes.

Verify your HR department does not require the use of their forms.

Primary Account Holder

Name: _____
Address: _____
City, State, Zip: _____

Secondary Account Holder

Name: _____
Address: _____
City, State, Zip: _____

You are currently making a deposit into the following account:

Old Bank: _____

Routing Number: _____

Account Number: _____

Please begin depositing into my new First Community Bank account on _____

Routing Number: **114911807** _____

Account Number: _____

Signature

Date

Automatic Withdrawal Request

Use this form to change your Automatic Withdrawals to First Community Bank



We make switching to us easy.

To: _____ (Company Name)

_____ (Address)

_____ (City, State, Zip)

Note:

If there are multiple payments involved, please complete a form for each.

From: _____ (Name)

_____ (Home Address)

_____ (City, State, Zip)

Please accept this letter as authorization to change the bank account information for automatic withdrawals. **I have changed my financial institution to First Community Bank.**

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

Old Bank: _____

Routing Number: _____

Account Number: _____

For/To: _____ (Reason for Withdrawal)

On: _____ (Date of Draft)

Please stop making withdrawals from this account on _____ and start making them from my new First Community Bank account:

Routing Number: **114911807** _____

Account Number: _____

Signature

Date

Account Closing Request

Use this form to close your account at another bank institution and request a check for the remaining balance.



We make switching to us easy.

Note:

If there are multiple accounts involved, please complete a form for each account.

Verify all checks and payments have cleared prior to submitting this form to close your account.

■ To: _____ (Bank Name)
 _____ (Bank Address)
 _____ (City, State, Zip)

■ Primary Account Holder

 Name: _____
 Address: _____
 City, State, Zip: _____

Secondary Account Holder

 Name: _____
 Address: _____
 City, State, Zip: _____

■ Please accept this as my authorization and direction to close my account with your institution.

Account Number: _____
 (select one) Checking Savings CD Money Market

Please send a check in the amount of my account balance plus any accrued interest to my attention at the address listed above.

If you have any questions, please call me at: _____

Thank you for your cooperation.

Sincerely,

Signature

Date

Bank & Additional ATM Locations



We make switching to us easy.

Bank Locations

Alice

1600 East Main St.
Alice, Texas 78332
(361) 664-8775

Corpus Christi at Alameda

4201 South Alameda
Corpus Christi, Texas 78412
(361) 985-9310

Corpus Christi at Everhart

5406 Everhart Rd.
Corpus Christi, Texas 78411
(361) 993-9310

Corpus Christi at Water Street

416 North Water St.
Corpus Christi, Texas 78401
(361) 888-9310

Kingsville

2525 Brahma Blvd.
Kingsville, Texas 78363
(361) 592-8002

Padre Island

14254 SPID
Corpus Christi, Texas 78418
(361) 949-9310

Portland

1001 Wildcat Dr.
Portland, Texas 78374
(361) 643-9310

Rockport

1629 Texas HWY 35 North
Rockport, Texas 78382
(361) 729-9310

Victoria

6252 North Navarro
Victoria, Texas 77904
(361) 578-9310

FCB at the FCB Building

500 North Water Street, Suite 100
Corpus Christi, Texas 78401
(361) 882-9310

Additional ATM Locations

Alice at Front & Aransas

103 West Front St.
Alice, Texas 78332

CHRISTUS Spohn Hospital Alice

2500 East Main St.
Alice, Texas 78332

Corpus Christi at South Staples & Timbergate

6651 South Staples
Corpus Christi, Texas 78413

Corpus Christi at Rodd Field & Wooldridge

2502 Rodd Field
Corpus Christi, Texas 78414

Orange Grove

616 South Reynolds
Orange Grove, Texas 78372

Ingleside

2892 Gussie St.
Ingleside, Texas 78362

Thank you for choosing to bank with us! We're excited to help you with all of your financial needs.

Welcome to the First Community Bank family!