RCO ATM Locations

- Main Office 450 Hillcrest Blvd., Phillipsburg
- Branch 2240 Northampton St. Easton
- Ahart/Frinzi/Smith Insurance Harmony, NJ
- Easton Library, 515 Church St. Easton
- Easton Hospital (ER & Cafeteria)
- St. Luke's Warren Hospital (Cafeteria & Lobby)



Over 55,000 Surcharge-Free ATMs

Questions? Contact the Savings Dept. at 908.859.1811







Main Office

450 Hillcrest Blvd. Phillipsburg, NJ 08865 908.859.1811 800.538.1572 "Across from Phillipsburg High School"

F 908.859.2118



Easton Branch

2240 Northampton St. Easton, PA 18042 610.258.0123 F 610.438.5462 "Across from Meuser Park"

WWW.IRCOCU.COM



MAKE

SWITCH SWITCH

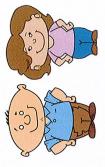
Checking Account Switch Kit

Make The SWITCH To An IRCO Share Draft Checking Account!

n today's tough economy, we know it's hard to stretch your money. Why pay high bank fees when you can save money with a great low-cost checking account from your credit

can transfer your deposits and payments to your new IRCO Checking Account with all of but we're here to help. In 3 easy steps you We know that making a switch can be a chore, these great benefits:

- **FREE** Overdraft Protection from Savings
- **FREE** Virtual Branch Online Banking
- **FREE** Online Bill Pay
- **FREE** eStatements
- **FREE** Mobile Banking App
- **FREE** Remote Deposit Check Capture
- **FREE VISA** Debit Card
- FREE 55,000 ATMs on ALLPOINT Network



Always Looking Out For the - Your Credit Union -Little Guy & Gal





Just 3 Easy Steps:

ceive starter checks and your first box of checks will be mailed to you within 7 to 10 business days. VISA Debit cards also Stop by one of our offices to open an IRCO checking account. You'll re-

2 Direct Deposit and Automatic Payment Change Notices

your payroll dept. Attach a voided check, if Submit these forms to the companies that deposit monies or debit payments from your existing checking account, including required.

3 Checking Account Closure Notice

After any automatic transfers have coming to IRCO, and all checks have ward the remaining balance to your new stopped and your direct deposit is now cleared, take or send this form to your old financial institution and they should for-IRCO checking account.

That's It!

Checking Options

STANDARD CHECKING

- Maintain \$250- no monthly service charge
- Under \$250 \$10.00 per month

VIP CHECKING 24 to 54 yrs.

- Direct Deposit
- FREE eStatements

NET GEN Club 17 to 23 yrs.

- NO minimum balance required
- NO monthly service charge
- FREE first 50 checks

ON-THE-GO Club Seniors 50+

- NO minimum balance required
 - NO monthly service charge
- FREE box of checks per year



Automatic Payment Change NoticeComplete and submit this form to any company that automatically **WITHDRAWLS** funds from your existing checking account.

Previous Financial Institution:	IRCO Member Information:	New Financial Institution Information:
		IRCO Member Number:
Name of Institution	- Name	
Account No.	Soc. Security No. Day Phone No.	I hereby authorize payments to be automaticall deducted from my new IRCO Checking Account. have attached a copy of a voided check fo
Address	Name of Employer	reference.
City State Zip	-	Effective Date:
	Street City State Zip	Signature:
IRCO Community Federal Credit Union 450 Hillcrest Blvd, Phillipsburg, NJ 08865	908-859-1811 Routing # 221278035	Date:
Automatic Payment Chang		
	any that automatically WITHDRAWLS funds fro	
Previous Financial Institution:	IRCO Member Information:	New Financial Institution Information:
Name of Institution	Name	IRCO Member Number:
Traine of institution	Hame	
Account No.	Soc. Security No. Day Phone No.	I hereby authorize payments to be automatically deducted from my new IRCO Checking Account. have attached a copy of a voided check for reference.
Address	Name of Employer	reference.
		Effective Date:
City State Zip	Street City State Zip	Signature:
IRCO Community Federal Credit Union 450 Hillcrest Blvd, Phillipsburg, NJ 08865	908-859-1811 Routing # 221278035	Date:
Automatic Payment Change	e Notice	
Complete and submit this form to any compo	any that automatically WITHDRAWLS funds fro	om your existing checking account.
Previous Financial Institution:	IRCO Member Information:	New Financial Institution Information:
		IRCO Member Number:
Name of Institution	Name	
Account No.	Soc. Security No. Day Phone No.	I hereby authorize payments to be automatically deducted from my new IRCO Checking Account. have attached a copy of a voided check for reference.
Address	Name of Employer	
		Effective Date:
		Effective Date:
City State Zip	Street City State Zip	Signature:

Direct Deposit Change Notice Complete and submit this form to any company that automatically **DEPOSITS** funds to your existing checking account. **New Financial Institution Information: IRCO Member Information:** Previous Financial Institution: IRCO Member Number: _ Name Name of Institution Select One: Checking Savings___ Soc. Security No. Day Phone No. I hereby authorize my direct deposit to be sent to Account No. my new IRCO Checking Account. I have attached a copy of a voided check for reference. Name of Employer Address Effective Date: City State Zip Street City State Zip IRCO Community Federal Credit Union: 450 Hillcrest Blvd., Phillipsburg, NJ 08865 908-859-1811 Routing No. 221278035 **Direct Deposit Change Notice** Complete and submit this form to any company that automatically **DEPOSITS** funds to your existing checking account. **New Financial Institution Information: IRCO Member Information:** Previous Financial Institution: IRCO Member Number: ____ Name Name of Institution Select One: Checking _____ Savings___ Day Phone No. I hereby authorize my direct deposit to be sent to Soc. Security No. Account No. my new IRCO Checking Account. I have attached a copy of a voided check for reference. Name of Employer Address Effective Date: City State Zip Street City State Zip Signature: Date: _____ IRCO Community Federal Credit Union: 450 Hillcrest Blvd., Phillipsburg, NJ 08865 908-859-1811 Routing No. 221278035 **Checking Account Closure Notice** After completing the previous 2 forms and ALL ACCOUNT ACTIVITY HAS CEASED, submit this form to your previous financial institution.

Previous Financial Institution:					New Financial Institution Information:	
					IRCO Member Number:	
Name of Institution	Account No.				Calant Ones, Chapleina Covingo	
					Select One: Checking Savings	
Address		City	State	Zip	I hereby authorize the closing of my checking account. All checks have cleared the account and all direct deposits and automatic payments have	
Checking Account No.		Name			been stopped.	
					Effective Date:	
Soc. Security No.	Day Phone	Joi	nt Owner If A	Applicable	Signature:	
Please Send Balances To: IRCO Community Federal					Joint Owner Signature:	
450 Hillcrest Blvd., Phillipsb		8-859-1811 R o	outing # <mark>22</mark>	1278035	Date:	



Use this form to keep a record of all the contacts you've made. - print additional copies, as needed -

Automatic Deposits

Company Name:	Phone:
	Estimated Completion Date:
☐ Letter mailed	Called (who you spoke to):
☐ Completed	Notes:
	Phone:
Date Request Made:	 Estimated Completion Date:
☐ Letter mailed	Called (who you spoke to):
☐ Completed	Notes:
	Automatic Deductions
	Phone:
Date Request Made:	 Estimated Completion Date:
☐ Letter mailed	Called (who you spoke to):
☐ Completed	Notes:
Company Name:	Phone:
	Estimated Completion Date:
☐ Letter mailed	Called (who you spoke to):
☐ Completed	Notes:
Company Name:	Phone:
	Estimated Completion Date:
☐ Letter mailed	Called (who you spoke to):
☐ Completed	Notes: