



Welcome to Colonial Savings.

On behalf of the Board of Directors, the management and staff of Colonial Savings, F.A., I want to personally thank you for giving us the opportunity of serving your financial needs. I also want to congratulate you for taking the first step towards what is sure to be a fine partnership. Be confident in your decision, we are confident that we will provide you with the finest service possible.

Now it is time to switch or start your direct deposit program. It is the easiest way to go. The enclosed documents and information are provided to allow you to make this transition an easy and smooth experience. This kit is provided for your convenience. You may complete any forms required now, or may take it home and complete them when it is convenient for you.

Make sure you complete all forms in their entirety and that you forward or deliver them to the appropriate parties. If you need assistance doing so, that's exactly what we are here for. Contact any of our lobby personnel and they will either complete the forms for you or will help you do so.

A checklist has been provided to help you keep track of the steps you need to follow to complete the process. We want to help you avoid loose ends and to make sure that there are no issues going forward. Once again, if we can be of any assistance, please let us know. Let us work to save you time and effort, and particularly inconveniences later on.

We hope you enjoy your experience as a Colonial Savings customer. I am certain we will enjoy having you as part of our family. If you are happy with our service and products, please tell your friends, neighbors and relatives. If we fail to meet your needs or expectations in any way, please tell me. My direct line is (817) 877-9160.

Once again, thanks for opting for Colonial Savings.

Cordially,

Sergio L. San Pedro
Vice President



PAYMENT CANCEL REQUEST FORM

INSTITUTION NAME: _____

PRIMARY ACCT HOLDER: _____ SECONDARY ACCT HDR: _____

ADDRESS: _____

We currently have automatic withdrawal or automatic payments authorized with your institution. We have already notified the payees and beneficiaries of those arrangements of our intent to cancel their automatic withdrawal privileges.

Therefore, you are hereby instructed to suspend all automatic withdrawal and automatic payment authorizations on the following accounts:

Account #:	_____	Checking	Savings	Money Market	Other:	_____
Account #:	_____	Checking	Savings	Money Market	Other:	_____
Account #:	_____	Checking	Savings	Money Market	Other:	_____
Account #:	_____	Checking	Savings	Money Market	Other:	_____

Effective date: _____

Please send any funds remaining in these accounts to:

The address shown above.

Wire to: Colonial Savings, F.A., Attn: Checking Services, Routing Number 311972238

For Credit to account #: _____
2600 West Freeway, Fort Worth, TX 76102

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Date: _____





AUTHORIZATION TO CHANGE MY FEDERAL GOVERNMENT DIRECT DEPOSIT ACCOUNT

Name of Direct Depositor: _____ Phone #: _____

Depositor Address: _____

I plan to close my checking account at _____ Account #: _____

Account Holder: _____ Social Security #: _____

Effective Immediately, I authorize direct deposit to my new account at Colonial Savings, F.A.

Attn: Checking Services, 2600 West Freeway, Fort Worth, TX 76102

My new checking account # is _____ The new routing # is 311972238

I have attached a voided check to verify the new account information.

TYPE OF BENEFIT Social Security SSI Income Railroad Retirement VA Benefits Civil Service

Signature: _____ Daytime Phone #: _____

NOTE: All direct deposit allocations will remain the same.





AUTHORIZATION TO CHANGE MY AUTOMATIC PAYMENT

Name of Payee: _____ Phone #: _____

Payee Address: _____

I plan to close my checking account at _____ Account #: _____

Account Holder: _____ Social Security #: _____

Effective Immediately, I authorize direct deposit to my new account at Colonial Savings, F.A.

Attn: Checking Services, 2600 West Freeway, Fort Worth, TX 76102

My new checking account # is _____ The new routing # is 311972238

I have attached a voided check to verify the new account information.

Signature: _____ Daytime Phone #: _____





DIRECT DEPOSIT/AUTOMATIC PAYMENT ENROLLMENT AUTHORIZATION FORM ACCOUNT

Company Name: _____ Phone #: _____

Company Address: _____

Account Holder: _____ Social Security #: _____

I hereby authorize you to initiate credit entries (for direct deposit) debit entries (for automatic payments) and, if necessary, adjustments for any errors to my account indicated below and authorize Colonial Savings to credit and/or debit the same to such account. I understand that this authorization is to remain in full force and effect until the company and Colonial Savings have received proper notification from the undersigned of its termination and have had a reasonable opportunity to act on such notification.

Attn: Checking Services, Colonial Savings, F.A., 2600 West Freeway, Fort Worth, TX 76102

My new checking account # is _____ The new routing # is 311972238

I have attached a voided check to verify the new account information.

TYPE OF BENEFIT Social Security SSI Income Railroad Retirement VA Benefits Civil Service

Signature: _____ Daytime Phone #: _____

NOTE: Copy of this notice must be sent to both the company and the bank. Remember to include copy of a cancelled check for verification of account information.





AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT ACCOUNT

Name of Direct Depositor: _____ Phone #: _____

Depositor Address: _____

I plan to close my checking account at _____ Account #: _____

Account Holder: _____ Social Security #: _____

Effective Immediately, I authorize direct deposit to my new account at Colonial Savings, F.A.

Attn: Checking Services, 2600 West Freeway, Fort Worth, TX 76102

My new checking account # is _____ The new routing # is 311972238

I have attached a voided check to verify the new account information.

Signature: _____ Daytime Phone #: _____

NOTE: All direct deposit allocations will remain the same.



NEW ACCOUNTS SWITCH KIT CHECKLIST

The following checklist is provided for your convenience as a tool to help you make sure that you complete all required forms. You may check the appropriate boxes for any items you complete and then print out the form and keep it for your records. As you move to new items, you can verify the completed items on your copy of the checklist.

Make sure all checks have cleared your old checking account.

Make certain enough funds are available in your old checking account to cover any pending items that may still need to be covered or withdrawn.

Send the Authorization to Change My Direct Deposit form to your direct deposit vendors (such as payroll, annuities, CD interest payments and similar) notifying them of the change in the relationship. You will need to send one form to each vendor for each account.

Send the Authorization to Change Automatic Payment form to those parties that automatically take payments from your checking account (such as utilities, insurance companies, internet service providers, banks, finance companies and similar), notifying them of the change in the relationship and of the pending closing of your old account and authorizing them to continue to make withdrawals from your new account. You will need to send one form to each vendor for each account.

Send the Authorization to Change My Federal Government Direct Deposit to governmental entities such as Social Security, Railroad Retirement, VA benefits or Civil Service. You will need to send one form to each vendor for each account.

Establish new direct deposit or automatic payment withdrawal relationships by completing the Direct Deposit/Automatic Payment Enrollment Authorization Form and send it to the new vendors you want to enroll. Some vendors may require you to complete their form or may have other requirements you must meet before they can set up a direct deposit or direct payment process. You will need to send one form to each vendor for each account.

Send the Payment Cancel Request form to your previous institution, informing them that you are canceling automatic withdrawal arrangements.

Send the Account Closing Request to your previous institution(s) canceling your old checking account. **Please remember to make sure that all items have cleared before you close the account.**

