

Switching to Members Plus Credit Union is quick and easy!

Interested in making the switch to Members Plus? We make it easy for you to make the move by providing the steps, the forms and even a personal checklist! Still have questions or concerns? Do not hesitate to call us at 781-905-1500 or send an email to depositservices@memberspluscu.org.

Step 1: Open an account at a branch, on the phone or online:

- To **become a member** you'll first need to open a Main Share (savings) account with a minimum deposit of \$25.
- Then open a checking account and any other type of accounts you choose such as certificates, club accounts and money market accounts.

Step 2: Sign up for our convenient e-services:

- Internet banking, bill pay and e-statements - Simplify your life with real time access to all of your accounts. Pay your bills and view your statements on line.
- Get a new debit card to access your account at ATM's and to pay for purchases at point of sale.

Step 3: Stop using your previous checking account and begin using your new Members Plus checking account:

- Remember to leave sufficient funds in your previous checking account to pay for any outstanding checks and automatic withdrawals until they are transferred to Members Plus.
- Remember to destroy your previous checking account debit and ATM cards and any unused checks and deposit tickets.

Step 4: Change your Direct Deposit(s) to Members Plus:

- Use our **Direct Deposit Authorization Change Form** (blue form) to change your direct deposit to Members Plus.
- Check with your employer or other direct depositor to make sure no other forms are required. For Social Security direct deposit use **Standard Form 1199A**, included in this switch kit.

Step 5: Change your Automatic Payments and Withdrawal's to Members Plus:

- Use our **Automatic Payment Authorization Change Form** (orange form) to change any automatic payment or withdrawal.

Step 6: Close your previous account:

- Use our **Account Closing Request Form** (red form) to close your account(s) at the other financial institution.

Please Note the Following:

1. Use the enclosed Checklist to track your changes.
2. Maintain your previous account until you have confirmed that all of your direct deposits and automatic payments have been established at Members Plus.

Direct Deposit Authorization Change Form

(Use this form to change your direct deposit to Members Plus Credit Union)

Date: _____

To: _____

Company Name

Company Address

City

State

Zip Code

This letter authorizes you to change my direct deposit to Members Plus Credit Union effective immediately:

Last Name

First Name

Middle

Address

City

State

Zip Code

Phone Number (day)

Social Security Number

My **New Account** information is as follows:

Account Number: _____ Account Type: Checking Savings

Members Plus Credit Union

29 High Street

Medford, Ma. 02155

ABA Routing Number: 211080709

If you have any questions regarding this change request please contact me by mail or call me at the phone number listed above.

Thank you,

Authorized Signature

Date

Automatic Payment Authorization Change Form

(Use this form to change your automatic payments and withdrawals to
Members Plus Credit Union)

Date: _____

To: _____
Company Name

Company Address

City State Zip Code

Account Number Payment Type Amount
(Enter Amount or "Amount Due")

This letter authorizes you to change my automatic withdrawal or payment to Members Plus Credit Union effective immediately:

Last Name First Name Middle

Address

City State Zip Code

Phone Number (day)

My **New Account** information is as follows:

Account Number: _____ **Account Type:** Checking Savings

Members Plus Credit Union
29 High Street
Medford, Ma. 02155

ABA Routing Number: 211080709

OR

Card Number: _____ **Card Type** Debit Credit

Expiration Date: _____

If you have any questions regarding this change request please contact me by mail or call me at the phone number listed above.

Thank you,

Authorized Signature Date

Account Closing Request Form

(Use this form to close your account(s) at another financial institution)

Date: _____

To: _____

Financial Institution

Address

City

State

Zip Code

Please close the account(s) listed below and send a check for the remaining balance to my address listed below.

Account Type: _____ Account Number: _____

Account Type: _____ Account Number: _____

Account Type: _____ Account Number: _____

Account Type: _____ Account Number: _____

Forward the check for the closing balance(s) in my accounts to:

Name

Address

City

State

Zip Code

Telephone number (day)

If you have any questions regarding this request please contact me by mail or call me at the phone number listed above. Thank you for your prompt response.

Authorized Signature

Date

Authorized Signature

Date

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																	
CITY STATE ZIP CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																	
TELEPHONE NUMBER AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;"><i>(specify)</i></div>																	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																	
C CLAIM OR PAYROLL ID NUMBER		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">TYPE</td> <td style="width: 25%;">AMOUNT</td> </tr> <tr> <td>Prefix _____ Suffix _____</td> <td></td> </tr> </table>		TYPE	AMOUNT	Prefix _____ Suffix _____													
TYPE	AMOUNT																		
Prefix _____ Suffix _____																			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>)																	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																	
SIGNATURE	DATE	SIGNATURE	DATE																
SIGNATURE	DATE	SIGNATURE	DATE																

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>														
		CHECK DIGIT <table border="1" style="width: 20px; height: 20px; margin-left: auto; margin-right: auto;"></table>														
		DEPOSITOR ACCOUNT TITLE														
FINANCIAL INSTITUTION CERTIFICATION																
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.																
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE													

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury 15-51
000
AUSTIN, TEXAS

Month Day Year
08 31 84

Check No.
0000 415785

Pay to the order of

00 (C) 28 28 (F)

DOLLARS CTS
\$****100 00

(A) **NOT NEGOTIABLE**

⑈00000518⑈ 041571926⑈

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

TRANSFER DIRECT DEPOSITS

Complete the Direct Deposit Authorization Change Form and print two copies. Mail one form to the company that is sending your direct deposit to your existing account and keep one copy for your records. You should repeat this step for each company that is depositing funds to your existing account. Track this step by listing each company that sends you a direct deposit.

COMPANY	DATE MAILED	DATE CONFIRMED

FEDERAL GOVERNMENT DIRECT DEPOSITS

If you receive a direct deposit from the Federal Government, please complete the Direct Deposit Sign-Up Form and mail or bring it to any Members Plus Credit Union branch. We will complete the financial Institution sections and send the form to the appropriate agency. Track this step by listing the governmental agency below.

GOVERNMENT AGENCY	DATE GIVEN TO MEMBERS PLUS	DATE CONFIRMED

TRANSFER AUTOMATIC PAYMENTS

Complete the Automatic Payment Authorization Change Form and print two copies. Mail one to each company that is automatically withdrawing payments from your existing account and keep one for your records. Complete this form for each company that is withdrawing funds from your existing account. Track this step by listing the companies below.

COMPANY	DATE MAILED	DATE CONFIRMED

CLOSE YOUR OLD ACCOUNTS

Once your direct deposit and/or automatic payments start coming into your Members Plus Credit Union account and all of the checks have cleared your old account(s), complete and mail the Account Closing Request Notice to your previous financial institution(s). Print two copies. Mail one to the previous financial institution and keep one for your records. Track this step by listing the institutions below.

FINANCIAL INSTITUTION	DATE MAILED	DATE CONFIRMED