## MSU Summer Pay Savings Account Set Up Form



Information								
First name	Last name			Base account number and share ID which to deposit funds				
Address			City		State	ZIP	Phone	
Amount to transfer OR Percentage to transfer	\$	%	(amount) (percentage)	Frequency of		Monthly		
Signature				Printed name				Date

Please complete, print, sign, and return form to:

Deposit Operations department c/o MSUFCU PO Box 1208 East Lansing, MI 48826-1208