

Switch your checking account to MSUFCU.

It's easy! Just follow these steps:

What You'll Need

- MSUFCU's Routing Number: **272479663**
- Your MSUFCU Account Number
- Your MSUFCU Account Share ID

1. Open your checking account.

2. Set up your direct deposit.

Fill out the Payroll Direct Deposit Form and give it to your employer's payroll office or to MSUFCU to enroll in direct deposit. To change your current direct deposit, fill in the request at the bottom of the form to stop direct deposit to your previous financial institution.

To change your Social Security direct deposit, visit ssa.gov/deposit or call 800-772-1213.

3. Update automatic payments

Fill out the Automatic Payments Request Form and give it to the organization that you would like to automatically withdraw from your MSUFCU account. To change your current automatic payments, fill in the request at the bottom of the form to stop automatic payments from your previous financial institution.

Set up your payments electronically for one-time or recurring payments with our FREE **Bill Payment!**

**For questions, please call 517-333-2424 or 800-678-4968,
visit msufcu.org, or stop by any MSUFCU branch.**



Submit the following form to your employer to move your direct deposit from your previous financial institution to MSUFCU or to enroll in direct deposit for the first time.

Employer Information:

Employer Name: _____ Telephone Number: _____

Address: _____ City: _____ State: _____ ZIP: _____

Request to direct deposit to MSUFCU account:

Financial Institution Name: MSU Federal Credit Union

Routing Number: 272479663

Account Number: _____ - _____

Account Type: Savings
 Checking

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Signature: _____

I am enrolling in direct deposit for the first time.

I already have direct deposit with my previous financial institution.

Request to STOP direct deposit to the following account:

Financial Institution Name: _____ Routing Number: _____

Account Number: _____

Account Type: Savings
 Checking

By completing this authorization for direct deposit, I am authorizing the automatic deposit of my payroll or other funds into my MSUFCU account. The authorization is to remain in effect until the payment originator has received written notification modifying or revoking your authorization. I acknowledge I must allow the payment originator a reasonable opportunity to act on my notification.

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Federally insured by NCUA

Submit the following form to the organization with whom you currently have automatic payments or to set up new automatic payments from your MSUFCU account. Some authorized withdrawals can be changed online. You may also set up recurring payments through Bill Payment.

Withdrawal Information:

Company or Financial Institution: _____

Type of Payment: _____ Amount: _____

Withdrawal Date: _____ Frequency: _____

Request to withdraw automatic payments from MSUFCU account:

Financial Institution Name: MSU Federal Credit Union

Routing Number: 272479663

Account Number: _____ - _____

Account Type: Savings

Checking

Any further questions, please contact me:

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Signature: _____

I am enrolling in automatic payments for the first time.

I already have automatic payments set up with my previous financial institution.

Request to STOP automatic payments from following account:

Financial Institution Name: _____ Routing Number: _____

Account Number: _____

Account Type: Savings

Checking



Close Account Request Form

Return the following form to the financial institution you wish to close. Be sure to leave sufficient funds in your current account long enough for remaining automatic payments, outstanding checks, and debit transactions to clear. After these items have all cleared, this form may be submitted to close the account.

Request to CLOSE the following account:

Financial Institution: _____

I am requesting the closure of my account _____ . Please forward the remaining funds
account number

to the address listed below:

MSU Federal Credit Union
3777 West Road
East Lansing, MI 48823

Name: _____ Joint Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Telephone Number: _____ Date: _____

Signature: _____ Joint Signature: _____

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