

Switch your checking account to MSUFCU!

It's easy! Just follow these steps:

- 1.** Open your checking account.
- 2.** Set up your direct deposit.
Fill out the questionnaire page with all information you may need for your direct deposit. When you are finished, print the Payroll Direct Deposit Form, sign it, and submit it to your employer to enroll in or change your direct deposit.

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

- 3.** Update automatic payments
Fill out the questionnaire page with all information you may need for your automatic payments. When you are finished, print the Automatic Payments Request Form, sign it, and submit it to the company or financial institution you wish to withdraw from your MSUFCU account.

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

Getting to Know You

Name: _____ Joint Owner's Name: _____

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

Telephone Number: _____ Email Address: _____

Employer Name: _____ Telephone Number: _____

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

Previous Direct Deposit Information

Financial Institution Name: _____ Routing Number: _____

Account Number: _____ Account Type: Savings
Checking

Direct Deposit Information for MSUFCU

Base Account Number: _____ - _____ Account Type: Savings
Two-digit share ID Checking

Previous Automatic Payments Information

Financial Institution Name: _____ Routing Number: _____

Account Number: _____ Account Type: Savings
Checking

Automatic Payments Information for MSUFCU

Base Account Number: _____ - _____ Account Type: Savings
Two-digit share ID Checking

Withdrawal Information for Automatic Payments

Company or Financial Institution: _____

Type of Payment: _____ Amount: _____ Frequency: _____

Withdrawal Date: _____ Account Number (if necessary): _____



Federally insured
by NCUA

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 Begin Direct Deposit to MSUFCU Account:

Financial Institution Name: MSU Federal Credit Union

Routing Number: 272479663

Base Account Number: _____ - _____
Two-digit share ID

Account Type: Savings

Checking

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Signature: _____

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.

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



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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: _____ Frequency: _____

Withdrawal Date: _____ Account Number (if necessary): _____

Request to Withdraw Automatic Payments from MSUFCU Account:

Financial Institution Name: MSU Federal Credit Union

Routing Number: 272479663

Base Account Number: _____ – _____
Two-digit share ID

Account Type: Savings

Checking

Any further questions, please contact me:

Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Signature: _____

Request to STOP Automatic Payments from Following Account:

Financial Institution Name: _____ Routing Number: _____

Account Number: _____

Account Type: Savings

Checking

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



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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: _____

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



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