



REMINDER: Complete Your Membership Opt-In


August 14, 2024

Control Number: #####

Dear McHenry Savings Bank Customer,

We hope you are as excited as we are about the upcoming transition to MSUFCU. This is a friendly reminder to please complete your membership opt-in to ensure uninterrupted access to your account(s).

As mentioned in previous mailings, you need to complete the opt-in process by September 1, 2024. You can do this through one of the following options:

1. Mail: Complete the enclosed "opt-in" form and return it using the self-addressed stamped envelope.
2. Online: Use the QR code to the right or visit msufcu.org/msbmembership . To opt in online, you will need the Control Number provided above. 
3. Telephone: Contact us at 1-312-270-0204 x3133. To opt in by phone, you will need the Control Number provided above.
4. In person: Visit one of our convenient branches: <ul style="list-style-type: none">• 353 Bank Drive, McHenry, IL 60050• 10520 N Main Street, Richmond, IL 60071• 4000 N Johnsburg Road, Johnsburg, IL 60051

If you have not opted in by September 1, 2024, you will not have access to the following products and services until you have opted in: opening a new account, loan, or safe deposit box; adding a joint party or new signer to an existing account; adding or removing account beneficiaries; making an advance of funds from an open line of credit; receiving a first-time debit card for an open checking account; purchasing a money order, cashier's check, or VISA gift card; receiving signature guarantee or notary public services; and redeeming a U.S. savings bond.

If you have already completed and submitted your membership opt-in form, we thank you for your participation and you may disregard this letter. For additional information regarding the opt-in process, please contact us at 1-312-270-0204 x3133 or visit one of our branch locations with this letter.

Thank you for taking the time to opt in at your earliest convenience. We look forward to serving you and supporting you in achieving your financial goals.

Sincerely,
MSU Federal Credit Union

Membership Opt-In Consent Form

Name: _____ Control Number: #####
Address: _____ Home Phone: _____
_____ Mobile Phone: _____
City: _____
State ZIP: _____

Yes, I wish to enjoy the full benefits of membership at Michigan State University Federal Credit Union ("MSUFCU"). By signing this form, I consent to becoming a member of MSUFCU upon the completion of the transaction between McHenry Savings Bank and MSUFCU. I understand that no additional action is required by me to become a member and my accounts will only be converted to accounts with MSUFCU if the transaction between McHenry Savings Bank and MSUFCU is completed. If this transaction is not completed, this form will have no effect and will be null and void. I also understand that I am free to move my accounts to another financial institution whenever I choose.

An opt-in election by any person (including individuals, sole proprietorships, partnerships, trusts, and corporations) will apply to all deposit accounts with the same Tax Identification Number.

Signature: _____ Date: _____

Please sign exactly as your name appears on this form.

When signing as attorney, executor, administrator, corporate officer, trustee, guardian, or custodian, please give full title/office.

You may provide your opt-in consent by:

1. Returning this form using the enclosed self-addressed stamped envelope; or
2. Providing electronic authorization on our website at msufcu.org/msbmembership; or
3. Calling us at 1-312-270-0204 x3133; or
4. Visiting one of our convenient locations.

Insurance of deposits at MSUFCU, referred to as "share insurance," will be provided by the National Credit Union Administration ("NCUA"). This share insurance from NCUA will replace the deposit insurance provided by the FDIC on accounts at MSUFCU with no gap in coverage. Like the FDIC, the NCUA will insure your accounts at MSUFCU up to \$250,000, per member, per ownership category. NCUA share insurance is backed by the full faith and credit of the U.S. Government.




URGENT: Action Required for Complete Access to Services

August 21, 2024

Control Number: #####

Dear McHenry Savings Bank Customer,

Time is running out to complete your membership opt-in form with MSUFCU. **If you have not opted in by September 1, 2024, you will not have access to the following products and services until you have opted in: opening a new account, loan, or safe deposit box; adding a joint party or new signer to an existing account; adding or removing account beneficiaries; making an advance of funds from an open line of credit; receiving a first-time debit card for an open checking account; purchasing a money order, cashier's check, or VISA gift card; receiving signature guarantee or notary public services; and redeeming a U.S. savings bond.**

1. Mail: Complete the enclosed "opt-in" form and return it using the self-addressed stamped envelope.
2. Online: Use the QR code to the right or visit msufcu.org/msbmembership . To opt in online, you will need the Control Number provided above. 
3. Telephone: Contact us at 1-312-270-0204 x3133. To opt in by phone, you will need the Control Number provided above.
4. In person: Visit one of our convenient branches: <ul style="list-style-type: none">• 353 Bank Drive, McHenry, IL 60050• 10520 N Main Street, Richmond, IL 60071• 4000 N Johnsburg Road, Johnsburg, IL 60051

Your prompt action is essential to ensure continued service and access to your account(s). Please don't delay.

If you have already completed and submitted your membership opt-in form, we thank you for your participation and you may disregard this letter. For additional information regarding the opt-in process, please contact us at 1-312-270-0204 x3133 or visit one of our branch locations with this letter.

We appreciate your timely opt-in. Our team looks forward to helping you achieve your financial goals.

Sincerely,
MSU Federal Credit Union

Membership Opt-In Consent Form

Name: _____ Control Number: #####
Address: _____ Home Phone: _____
_____ Mobile Phone: _____
City: _____
State ZIP: _____

Yes, I wish to enjoy the full benefits of membership at Michigan State University Federal Credit Union ("MSUFCU"). By signing this form, I consent to becoming a member of MSUFCU upon the completion of the transaction between McHenry Savings Bank and MSUFCU. I understand that no additional action is required by me to become a member and my accounts will only be converted to accounts with MSUFCU if the transaction between McHenry Savings Bank and MSUFCU is completed. If this transaction is not completed, this form will have no effect and will be null and void. I also understand that I am free to move my accounts to another financial institution whenever I choose.

An opt-in election by any person (including individuals, sole proprietorships, partnerships, trusts, and corporations) will apply to all deposit accounts with the same Tax Identification Number.

Signature: _____ Date: _____
Please sign exactly as your name appears on this form.

When signing as attorney, executor, administrator, corporate officer, trustee, guardian, or custodian, please give full title/office.

You may provide your opt-in consent by:

1. Returning this form using the enclosed self-addressed stamped envelope; or
2. Providing electronic authorization on our website at msufcu.org/msbmembership; or
3. Calling us at 1-312-270-0204 x3133; or
4. Visiting one of our convenient locations.

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FINAL NOTICE: Complete Your Membership Opt-In for Complete Access to Services


August 26, 2024

Control Number: #####

Dear McHenry Savings Bank Customer,

This is your final notice to complete your membership opt-in with MSUFCU. **If you have not opted in by September 1, 2024, you will not have access to the following products and services until you have opted in: opening a new account, loan, or safe deposit box; adding a joint party or new signer to an existing account; adding or removing account beneficiaries; making an advance of funds from an open line of credit; receiving a first-time debit card for an open checking account; purchasing a money order, cashier's check, or VISA gift card; receiving signature guarantee or notary public services; and redeeming a U.S. savings bond.**

To avoid this, please opt in immediately using one of the following methods:

1. Mail: Complete the enclosed "opt-in" form and return it using the self-addressed stamped envelope.	
2. Online: Use the QR code to the right or visit msufcu.org/msbmembership . To opt in online, you will need the Control Number provided above.	
3. Telephone: Contact us at 1-312-270-0204 x3133. To opt in by phone, you will need the Control Number provided above.	
4. In person: Visit one of our convenient branches: <ul style="list-style-type: none">• 353 Bank Drive, McHenry, IL 60050• 10520 N Main Street, Richmond, IL 60071• 4000 N Johnsburg Road, Johnsburg, IL 60051	

This is a critical step to ensure your continued access to your account(s). **Please act now to secure your membership with MSUFCU.**

If you have already completed and submitted your membership opt-in form, we thank you for your participation and you may disregard this letter. For additional information regarding the opt-in process, please contact us at 1-312-270-0204 x3133 or visit one of our branch locations with this letter.

We appreciate your timely opt-in. Our team looks forward to helping you achieve your financial goals.

Sincerely,
MSU Federal Credit Union

Membership Opt-In Consent Form

Name: _____ Control Number: #####
Address: _____ Home Phone: _____
_____ Mobile Phone: _____
City: _____
State ZIP: _____

Yes, I wish to enjoy the full benefits of membership at Michigan State University Federal Credit Union ("MSUFCU"). By signing this form, I consent to becoming a member of MSUFCU upon the completion of the transaction between McHenry Savings Bank and MSUFCU. I understand that no additional action is required by me to become a member and my accounts will only be converted to accounts with MSUFCU if the transaction between McHenry Savings Bank and MSUFCU is completed. If this transaction is not completed, this form will have no effect and will be null and void. I also understand that I am free to move my accounts to another financial institution whenever I choose.

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Signature: _____ Date: _____

Please sign exactly as your name appears on this form.

When signing as attorney, executor, administrator, corporate officer, trustee, guardian, or custodian, please give full title/office.

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1. Returning this form using the enclosed self-addressed stamped envelope; or
2. Providing electronic authorization on our website at msufcu.org/msbmembership; or
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