

# Membership Application



Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Driver License # \_\_\_\_\_

**What MPCU accounts and services are you interested in?**

A \$5.00 savings account is required for credit union membership.

- |   |  |   |                              |
|---|--|---|------------------------------|
| <input type="checkbox"/> Checking                     | <input type="checkbox"/> Money Market Savings      | <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Debit/ATM Card               | <input type="checkbox"/> Online Banking            | <input type="checkbox"/> Investment Services    |                              |
| <input type="checkbox"/> Personal Loan                | <input type="checkbox"/> Auto Loan                 | <input type="checkbox"/> Credit Card            |                              |
| <input type="checkbox"/> Mortgage or Home Equity Loan | <input type="checkbox"/> Refinance current loan(s) |   |                              |

Are you applying for an Individual or Joint Account?  Individual  Joint\*

\*If a joint account, fill in next section

**Joint Owner #1:** \_\_\_\_\_

Your Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Driver License # \_\_\_\_\_

**Joint Owner #2:** \_\_\_\_\_

Your Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Driver License # \_\_\_\_\_

# Automatic Payment Change Form



**Instructions for this authorization form:**

New MPCU member completes one form for each automatic withdrawal. Member can either mail form(s) to each company or bring the forms in and MPCU will mail on their behalf. This form may be copied.

Date: \_\_\_\_\_

To (Company): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

I have changed my banking relationship to My Personal Credit Union and would like to have my automatic payment redirected to my new account.

This change is to be effective: Immediately  OR Beginning \_\_\_\_\_.

**Please discontinue charging/debiting the account at my former institution listed here:**

Former Financial Institution: \_\_\_\_\_

Their Routing Number: \_\_\_\_\_

Former Account Number: \_\_\_\_\_

**Please have the automatic withdrawals taken from my new account at:**

My Personal Credit Union (MPCU)                      Routing/Transit # 272486193

Type of Account:  Savings     Checking

MPCU Account Number: \_\_\_\_\_

Thank you for your assistance with this change.

Sincerely,

\_\_\_\_\_ Date \_\_\_\_\_

*Signature*

Name (printed): \_\_\_\_\_

My Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

# Direct Deposit Change Form



**Instructions for this authorization form:**

New MPCU member completes one form for each direct deposit. Member can either mail form(s) to each company or bring the forms in and MPCU will mail on their behalf. If former direct deposit went to more than one account, member can set up an internal MPCU transfer to accomplish the same. This form may be copied.

Date: \_\_\_\_\_

To (Company): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I have changed my banking relationship to My Personal Credit Union and would like to have my direct deposit redirected to my new account.

This change is to be effective: Immediately  OR Beginning \_\_\_\_\_.

Name (printed): \_\_\_\_\_

My Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Please discontinue the direct deposit currently directed to:**

Financial Institution: \_\_\_\_\_

Their Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**My direct deposit should now go to:**

My Personal Credit Union (MPCU)

Routing/Transit # 272486193

Type of Account:  Savings  Checking

MPCU Account Number: \_\_\_\_\_

Thank you for your assistance with this change.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# To Close Existing Account at another Financial Institution



Date: \_\_\_\_\_

To (Financial Institution): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I have changed my banking relationship to My Personal Credit Union and would like you to close the account listed below, effective: Immediately  OR on \_\_\_\_\_(date).

Name(s) on Account (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type(s) of Account:  Savings  Checking  Other (specify): \_\_\_\_\_

Balance: \$ \_\_\_\_\_

**Please issue a check, payable to me, for the remaining balance (plus any interest accrued, if applicable) to my new financial institution at the address listed below. Please include a copy of this letter with the check, to ensure proper handling. Mail check to:**

My Personal Credit Union  
ATTN: Member Services New Account Balance Transfer  
1414 Burton Street SW  
Wyoming, MI 49509

Thank you for your assistance with this change.

Sincerely,

\_\_\_\_\_  
*Account Owner Signature*

\_\_\_\_\_  
*Joint Account Owner Signature*