



## PeoplesChoice New Member Toolkit

Well, you have decided to become a member of PeoplesChoice. But now you need to put your money where your heart is. With this new Member Toolkit it couldn't be easier, we have assembled all the forms and instructions necessary to take care of the following:

- **Transfer Funds from a Previous Financial Institution**
  - **Change Automatic Payments**
  - **Enroll in Direct Deposit**

*Let's get started, shall we.*



## **ACCOUNT CLOSURE FORM INSTRUCTIONS**

### **Before sending the Account Closure Form**

- I. Check with your previous bank to make sure no additional forms or information are required.
- II. Inquire about any possible penalties with respect to early withdrawal before you close your account. If you have Certificate of Deposit (CD's), it is important to check the maturity dates.
- III. Be sure that all automatic transactions have been switched to your PeoplesChoice Credit Union account before closing your old account.

### **After sending the Account Closure Form**

- I. Check account statements to verify that all accounts have a zero balance and have been closed.

## **AUTOMATIC PAYMENT CHANGE FORM INSTRUCTIONS**

### **Automatic Payments**

After you've identified the Automatic Payments from your previous institution, use the Automatic Payment Change Form to notify the creditor(s) of your new institution information.

### **Before sending the Automatic Payment Change Form**

- I. Check with your creditor to make sure no other forms are required.
- II. Maintain the account at your previous institution until you have confirmed that your Automatic Payment(s) have been switched to your PeoplesChoice Credit Union account.

### **After sending the Automatic Payment Change Form**

- I. Confirm with your creditor(s) that forms were received.
- II. Monitor your new account by online banking, mobile or PCU app.  
[www.peopleschoicecreditunion.com](http://www.peopleschoicecreditunion.com)

## **DIRECT DEPOSIT ENROLLMENT FORM INSTRUCTIONS**

### **Direct Deposits**

After you've identified the Direct Deposits from your previous institution, use the Direct Deposit Enrollment Form to notify the depositor of your new institution information.

### **Before sending the Direct Deposit Enrollment Form**

- I. Check with your employer or source of income to make sure no other forms are required.
- II. For Social Security direct deposit, use the Social Security Direct Deposit Sign-Up Form provided.
- III. Maintain the account at your previous institution until you have confirmed that your direct deposit(s) has been switched to your PeoplesChoice Credit Union account.

### **After sending the Direct Deposit Enrollment Form**

- III. Confirm with your employer/source of income that forms were received.
- IV. Monitor your new account by online banking, mobile or PCU app.  
[www.PeoplesChoiceCreditUnion.com](http://www.PeoplesChoiceCreditUnion.com)



## Account Closure Form

Complete and deliver this form to your previous financial institution.

Please close the following account(s) per my instructions.

Previous Financial Institution \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

Account Number to be closed \_\_\_\_\_ Account Type \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

I authorize the closure of my account(s) effective as of this date: \_\_\_\_\_

Please transfer any remaining balance to:

Routing Number: **211287515**

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

- CD
- Checking
- HSA
- IRA
- IRA Certificate
- Money Market
- Savings

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Be sure to leave sufficient funds in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close the old account completely.



## Automatic Payment Change Form

*Complete and deliver this to Company/Payee.*

**Please route this automatic payment per my instructions.**

Company to receive payment \_\_\_\_\_ Account Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_

- Monthly
- Bi-Weekly
- Weekly

I authorize my automatic payment to be debited from my account effective as of this date: \_\_\_\_\_

Please transfer any remaining balance to:

Routing Number: **211287515**

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

- Savings
- Checking

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



## Direct Deposit Enrollment Form

Routing and Transit Number (RTN): 211287515

*Complete and return this form to your employer for immediate processing.*

Start  
 Change \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Funds will be deposited into the account below:

Account Type: \_\_\_\_\_

Account Name: \_\_\_\_\_

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

Type of deposit:  Full Pay  Allotment \$ \_\_\_\_\_

**Employers Only:**  
*The additional digit at the end of the account number is required for processing (i.e. 1, 7, 9).*

Employer Name: \_\_\_\_\_

Employer Address 1: \_\_\_\_\_

Employer Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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









### BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.


### PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

### INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

<b>United States Treasury</b> 15-51 000		AUSTIN, TEXAS	Check No. 0000 415785														
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### SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

### CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

### CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

### FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.