



Make the Easy Switch to Members First

Moving your accounts to Members First is easy! Here's how!

We know that it isn't always easy to move your existing accounts to another financial institution. That's why we have the Members First Switch Kit; it's everything that you'll need when you join Members First. Follow the steps below, print out the entire kit (or only what you need) and send them into the appropriate parties. If you have any questions on whether you need a form or not, we're be happy to help you navigate through the kit - just give us a call!

Step 1 - Open a new membership account at Members First. You can stop into one of our branch locations or send us your application by mail or email. For more information on how to join, visit the "How to Join" page of our website.

Step 2 - Set up your payroll direct deposit using our Direct Deposit Enrollment Form. Not only will you have the luxury of not visiting a branch office to cash your check, with our First Pay service, you may have access to your accounts up to two days before your co-workers!* Just print up, fill out, and give our Direct Deposit Enrollment form to your payroll supervisor.

Routing Number - Members First Credit Union's Routing Number is **211489407**. Not sure what numbers to put where on your direct deposit enrollment form? Use the below example for help. If you still have questions, please give us a call!



Step 3 - If you have any automatic payments coming from your current checking account, you will want to redirect those. Give any organizations that you need to change your new account number and the routing number above. We also have ACH forms that will help you set up any recurring transfers that you may want from other financial institutions.

ACH Debit Form - Set up a recurring transfer **into your Members First account from another financial institution**. Please Note: Transfers cannot be scheduled for the 31st of the month.

ACH Credit Form - Set up a recurring **transfer from a Members First account into an account at another financial institution**. Please Note: Transfers cannot be scheduled for the 31st of the month.

Step 4 - Sign up for **Online Banking, Bill Payer, Mobile Banking, and e-Statements**. This will help you keep track of your accounts electronically, from anywhere, at any time. You can sign up by calling us at (603) 622-8781. We'll provide you with a user name and password, and will even help you to navigate through the process the first time!

Step 5 - After ensuring that all checks and debit card transactions have cleared your old account, go ahead and close it out. If you haven't already, make sure that you've reviewed the Membership Agreement that you got at account opening with Members First.

Step 6 - Start enjoying all the perks of being a member at Members First!!

Don't see the form that you need? Just give us a call or drop us an email and we'll be happy to help you obtain what you need!

Other Helpful Information

Social Security / SSI - If you earn Social Security Benefits and would like to have the deposited into your new Members First account, make sure to have the routing number and your account number ready when talking with them.

1 (800) 772-1213

www.ssa.gov

Veteran's Benefits – For Veterans, dependant, and survivor benefit information

1-800-827-1000

<http://benefits.va.gov/benefits>



Payroll Direct Deposit Agreement

ABA Routing Number: 211489407

Name _____ Social Security Number _____

Address _____

I authorize my Payroll Supervisor at _____
to direct the following to be credited to my account at Members First Credit Union.

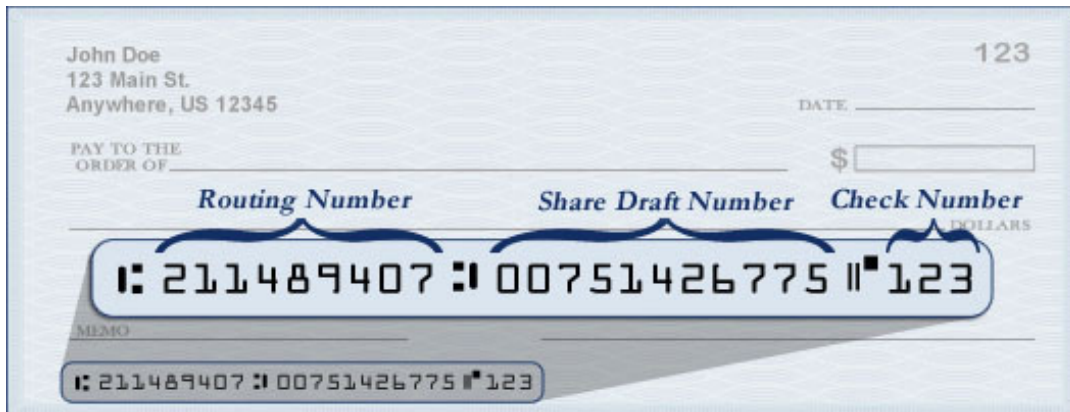
Net amount of my pay Amount of \$ _____ each pay period.

Credit Union Account Number _____

Checking Savings

Effective Date _____

*When depositing into a Members First checking account, the share draft ID# is needed. This can be found on your check. Please see the example below.



We know this can be tricky, so please don't hesitate to give us a call at (603) 622-8781 with any questions that you may have – we want to make sure your money goes where you want it!

Employee Signature: _____ Date: _____

Please allow adequate time for the deposit to begin. Please check with your Payroll Department for any other information or details that they require. You understand that your employer has the right to cancel this agreement if deemed necessary.



Accounting Employee: Initials: Date Received:

ACH DEBIT AUTHORIZATION

I (we) hereby authorize Members First Credit Union, hereinafter called MFCU, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name:		Legal Account Title at Financial Institution: (Members name as it appears on account)		
Financial Institution Address: (City/State/Zip Code)				
Routing Number:	Account Number:	Type of account:		
Dollar Amount:	Date of recurring payment *	MFCU Member Account Number (with suffix)		
<table border="1"> <tr> <td>Employee Completing Form Initials: Date Completed:</td> </tr> </table>				Employee Completing Form Initials: Date Completed:
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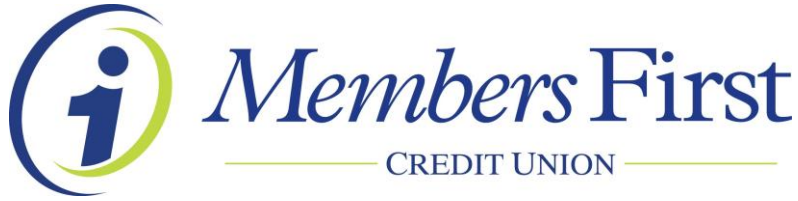
This authority is to remain in full force and effect until MFCU has received written notification from me (or either of us) of its termination in such time and manner as to afford MFCU and the Financial Institution a reasonable opportunity to act on it. This authority will be considered null and void if this transaction is returned as Account Closed, or return as non-sufficient funds twice.

Member Signature: _____	Date: _____	
Member Name (printed): _____		
Membership number with MFCU (no suffix) _____	<table border="1"> <tr> <td>Employee verifying signature Initials: Date:</td> </tr> </table>	Employee verifying signature Initials: Date:
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*Transactions will be debited from account on the specified date; unless non-business day. If it is a non-business day, transactions will be debited on the last business day **prior** to the specified date. ACH Transactions returned due to negligence of account holder will be subject to a returned item fee. (Refer to fee schedule)

PLEASE ALLOW UP TO FOUR WEEKS FOR THIS AUTHORIZATION TO TAKE EFFECT.

Manager Review _____ **Date** _____



Accounting Employee Initials: Date Received:
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ACH CREDIT AUTHORIZATION

I (we) hereby authorize Members First Credit Union, herein after called MFCU, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name:		Legal Account Title at Financial Institution: (Members name as it appears on account)		
Financial Institution Address: (City/State/Zip Code)				
Routing Number:	Account Number:	Type of account:		
Dollar Amount:	Date of recurring payment *	MFCU Member Account Number (with suffix)		
<table border="1"> <tr> <td>Employee Completing Form Initials: Date Completed:</td> </tr> </table>				Employee Completing Form Initials: Date Completed:
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This authority is to remain in full force and effect until MFCU has received written notification from me (or either of us) of its termination in such time and manner as to afford MFCU and the Financial Institution a reasonable opportunity to act on it. This authority will be considered null and void if this transaction is returned as Account Closed.

Member Signature: _____	Date: _____	
Member Name (printed): _____		
Membership number with MFCU (no suffix) _____	<table border="1"> <tr> <td>Employee verifying signature Initials: Date:</td> </tr> </table>	Employee verifying signature Initials: Date:
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*Transactions will be credited to account on specified date; unless non-business day. If it is a non-business day, transactions will be credited on the last business day **prior** to the specified date. ACH Transactions returned due to negligence of account holder will be subject to a returned item fee. (Refer to fee schedule)

PLEASE ALLOW UP TO FOUR WEEKS FOR THIS AUTHORIZATION TO TAKE EFFECT.

Manager Review _____ **Date** _____