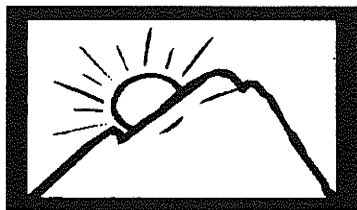


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**MALHEUR FEDERAL
CREDIT UNION**

PO Box 520, Ontario OR 97914

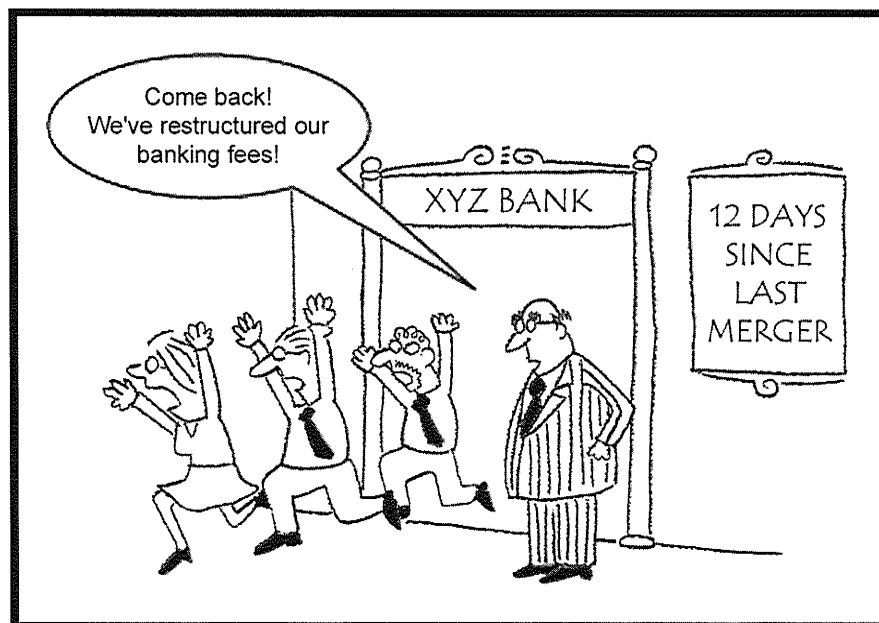
541-889-3149

Fax 541-889-9503

www.malheurfcu.org

LEAVING YOUR BANK JUST GOT EASIER WITH OUR

SWITCH KIT





At Malheur Federal Credit Union we're making it easy for you to maximize your money and your time. Through your home PC, telephone, ATM's or in the Credit Union, you will be able to do all your financing at one time, and in less time. We're making it simple for you to switch all your accounts to Malheur Federal Credit Union and use us as your primary financial institution.

Each form enclosed in this booklet will assist you in making the switch. Simply fill out the forms enclosed and mail them to the appropriate entities. A checklist is also included to assist you with closing your existing checking account.

If you have any further questions please refer to the contact information on the last page of this Switch Kit.

Membership Application – Fill out the membership application and give it to a Malheur Federal Credit Union Representative.

Direct Deposit Form – If your employer offers Direct Deposit, simply fill out the form and take it to your payroll department. For Social Security and Federal payments, please fill out the Direct Deposit Form # 1199A and give it to a Credit Union Representative.

Payroll Deduction Form – If your employer offers Payroll Deduction, simply fill out the form and take it to your payroll department.

Automatic Transfer Form – If you have money automatically withdrawn from your checking account each month (i.e., mortgage, utility billing, insurance) please fill out the form and mail it to the companies.

Letter of Closure – This letter request your previous financial institution to close your existing account and transfer funds to your Malheur Federal Credit Union account. Please fill out the form and mail it to your bank. **Please refer to the checklist before sending this letter.**

***Please feel free to photocopy these forms if you need more. ***



SWITCH KIT CHECKLIST

- Find the most recent statement for the checking account you want to close.

- Gather a list of all the names and addresses of the companies you currently have an electronic debit and/or credit.

- Complete the Membership Application and open an account with Malheur Federal Credit Union.

- Complete one Automatic Transfer Form for EACH company (i.e.: mortgage, utility, insurance premium). Keep a copy for your records. Mail the signed and dated original to the company.

- Verify with your MFCU account that EACH electronic Debit and/or Credit has "hit" your new Savings or Checking. This may take up to 4 to 8 weeks.

- Complete the Letter of Closure and send to your "old" financial institution.



MEMBERSHIP APPLICATION

Account Type

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the Credit Union is notified in writing of a change.

Share/Savings _____ Share Draft/Checking _____ Share Certificate _____
 Money Market _____ Living Trust _____ Other _____

The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

Member Application and Ownership Information

Member/Owner _____ Member # _____
Street _____ SSN/TIN _____
City/State/Zip _____ Driver's Lic.# _____
Home Phone () _____ Driver's Lic. State _____
Work Phone () _____ Date of Birth _____
Employment _____ Mother Maiden Name _____
E-mail _____
Eligibility for Membership _____

Account Ownership

Designate the ownership of the accounts and responsibility for the service requested.

Individual Joint Account with Survivorship Joint Account without Survivorship
Joint Owner _____ SSN/TIN _____
Street _____ Driver's Lic.# _____
City/State/Zip _____ Driver's Lic. State _____
Home Phone () _____ Date of Birth _____
Work Phone () _____ Employment _____
E-mail _____ Mothers Maiden Name _____

MEMBERSHIP APPLICATION

Pg. 2

TIN Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. person (including a U.S. resident alien).

****Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on you tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X _____
Signature

Date

X _____
Signature (joint owner)

Date



Company Direct Deposit Form

Employee Name _____ Social Security No. _____

I authorize _____ to automatically deposit my net wage payment each

Pay period to my:

Checking Account (14 digit #) _____

Savings Account (14 digit #) _____

Routing Number: 323274869

Employee Signature _____ Date _____

Please complete this form and submit it to your employer's payroll clerk. The clerk may have another form for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.

Payroll Deduction Authorization Card

Employer Name _____

Employee Name _____ Credit Union Acct.# _____

Employee ID # _____ Social Security No. _____

For EMPLOYER Payroll Department

I hereby authorize you to deduct from my earnings and deliver to Malheur Federal Credit Union the following:

Net Check

Or

\$ _____ Weekly Biweekly Monthly Semi-Monthly

For Malheur Federal Credit Union

I hereby authorize you to deduct from my earnings and deliver to Malheur Federal Credit Union the following:

Savings \$ _____ Account # _____ Suffix _____

Checking \$ _____ Account # _____ Suffix _____

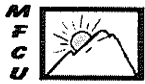
Loan \$ _____ Account # _____ Suffix _____

_____ \$ _____ Account # _____ Suffix _____

_____ \$ _____ Account # _____ Suffix _____

_____ \$ _____ Account # _____ Suffix _____

Employee Signature _____ Date _____



**MALHEUR FEDERAL
CREDIT UNION**

Automatic Transfer Form

Name _____ Customer's Account # _____

I have a new account number and ask that you make a note of it for my next automatic payment withdrawal.

I authorize _____ to make automatic withdrawals, as per original

Agreement, from the following Credit Union account number.

Routing Number 323274869

Checking Account _____
(14 digit account number)

Saving Account _____
(14 digit account number)

Member's Signature _____ Date _____

Verify with company if voided check is needed.



Letter of Closure

To Whom It May Concern:

Please accept this letter as authorization to close my account number _____ with your institution. Please forward all remaining funds on deposit to:

MALHEUR FEDERAL CREDIT UNION
P.O. BOX 520
ONTARIO, OR 97914

Please advise Malheur Federal Credit Union to deposit the funds to my account.

Account Number _____
 Savings Checking

Your assistance in this matter is greatly appreciated.

Sincerely,

Signature _____

Date _____

Print Name _____

SSN _____



Closure Check List

Before closing your existing account, review the check list and make sure the following have been completed.

- All checks have cleared existing account.
- All automatic withdrawals and deposits have been switched to your Malheur Federal Credit Union account.
- Destroy remaining checks, and return debit cards and ATM cards.

That's it! You have successfully switched your checking account to Malheur Federal Credit Union. Now you can start taking full advantage of the time and money saving options we offer. We want all your business. If we can assist you with future loans or savings needs, please give your local branch a call.



CONTACT INFORMATION

MAIN OFFICE

1695 SE 5th Ave.

Ontario, OR 97914

Phone 541-889-3149

Fax 541-889-9503

info@malheurfcu.org

Lobby Hours: Monday - Friday 9:30 am - 5:30 pm

VALE BRANCH

(Inside Logan's Market)

250 10th Street North

Vale, OR

Phone 541-473-9323

Fax 541-473-9306

Lobby Hours: Monday - Friday 9:30 am - 5:30 pm

PAYETTE BRANCH

216 S. 16th St.

Payette, ID

Phone 541-889-3149 (Through Main Office)

Fax 208-642-6997

Lobby Hours: Monday - Friday 9:30 am - 5:30 pm

NEW PLYMOUTH BRANCH

216 N. Plymouth Ave.

New Plymouth, ID 83655

Phone 208-278-9076

Fax 208-278-3759

Lobby Hours: Monday - Friday 9:30 am - 5:30 pm