



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

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



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: _____

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------|---|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A NAME OF PAYEE (<i>last, first, middle initial</i>) | | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) | | E DEPOSITOR ACCOUNT NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE NUMBER AREA CODE | | F TYPE OF PAYMENT (<i>Check only one</i>) | | | | | | | | | | | | | | | | | | | | | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT | | <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i> | | | | | | | | | | | | | | | | | | | | | |
| C CLAIM OR PAYROLL ID NUMBER | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) | | | | | | | | | | | | | | | | | | | | | |
| Prefix | Suffix | TYPE | AMOUNT | | | | | | | | | | | | | | | | | | | | |
| PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | | JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | DATE | SIGNATURE | DATE | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | DATE | SIGNATURE | DATE | | | | | | | | | | | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | | | |
|---|-----------------------------|--|------|----------------|--|--|--|--|--|--|--|--|--|---|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | | ROUTING NUMBER | | CHECK DIGIT | | | | | | | | | | | |
| | | <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> <td style="width: 25px; height: 40px;"></td> </tr> </table> | | | | | | | | | | | | <table border="1" style="width: 25px; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 40px;"></td> </tr> </table> | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | DEPOSITOR ACCOUNT TITLE | | | | | | | | | | | | | |
| FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | | | | | | | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | | | | | | | | | | | |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

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.

| | | | | | | | | |
|---|---|--|---------|------|-----------|----|----|---------------|
| United States Treasury 15-51 000 | | Check No. 0000 415785 | | | | | | |
|  | <table border="1" style="margin: auto;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;">31</td> <td style="text-align: center;">84</td> </tr> </table> | Month | Day | Year | 08 | 31 | 84 | AUSTIN, TEXAS |
| Month | Day | Year | | | | | | |
| 08 | 31 | 84 | | | | | | |
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| Pay to the order of | | <table border="1" style="margin: auto;"> <tr> <td style="width: 50px;">DOLLARS</td> <td style="width: 50px;">CTS</td> </tr> <tr> <td style="text-align: center;">\$****100</td> <td style="text-align: center;">00</td> </tr> </table> | DOLLARS | CTS | \$****100 | 00 | | |
| DOLLARS | CTS | | | | | | | |
| \$****100 | 00 | | | | | | | |
| (A) | | (F) | | | | | | |
| NOT NEGOTIABLE | | | | | | | | |
| ⑈00000518⑈ 041571926⑈ | | | | | | | | |

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.