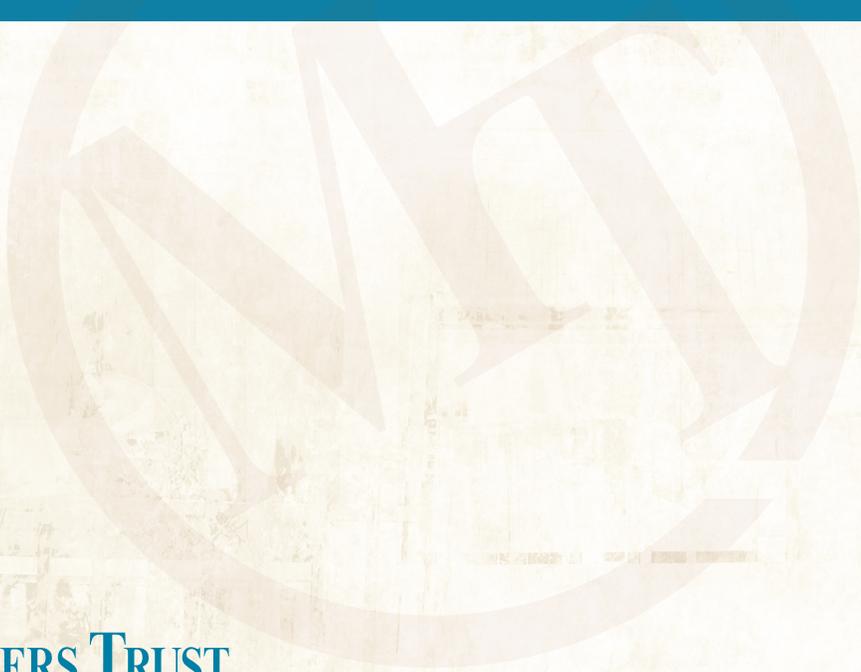




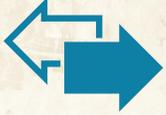
Members Trust Switch Kit



Members Trust 5-Step Switch Kit

Members Trust gives you the freedom to switch without the hassle! We've created the following forms to help make the process of switching your account easier.

Step 1 - Switch



Visit with a Members Trust Representative in person or via telephone to open your checking account or **open your account online at www.MTFCU.coop**! Once your new account is opened, explore our products and services and Experience the Credit Union Difference.

Step 2 - Get Organized



Use our forms to make a list of the transactions that will be switched to your new Members Trust checking account.

Step 3 - Move Automatic Transactions



Use our Direct Deposit and Automatic Payment forms to help you contact your employer and other companies and financial institutions that handle your automatic deposits and withdrawals.

- Contact your employer's payroll department to verify their process.
- Use the Automatic Payment form to request a transfer of your automatic payments to your new Members Trust account.

Be sure to make as many copies of these forms as you need. We will be happy to help with any of these forms. Use the checklist to stay organized about who you've contacted.

Step 4: Close Your Old Account



Use the Account Closing Form to ask your previous financial institution to close your account(s) and disburse the remaining funds. Before closing, make sure that all your checks and debits have cleared your account. Ask if there are any fees associated with closing.

Step 5: Enjoy the Move



Welcome to the Members Trust family. We hope you will notice the credit union difference and that you take advantage of all of the great products and services we offer. Please let us know how we can help. If you have any questions or concerns during this process, please do not hesitate to contact us at 800-683-6455.

Please note: Members Trust cannot guarantee that these forms will be accepted in every instance. Your previous financial institution and/or your service partners may require you to make any of these requests in person or another method. They may also require more or different information than is contained on the forms provided.

GET ORGANIZED

***Helpful Tip:** Gather your most recent statement from your old financial institution. You may even want a couple months worth. If applicable, include statements/information for utility payments, loan payments, health club memberships, etc. you have set up with your old account.

DIRECT DEPOSITS: List all direct deposits to your account(s).

| Deposit Type | Company/ Institution Name | Account Number | Amount | Date |
|----------------------|------------------------------|----------------|--------|------|
| Employer Payroll | | | | |
| Social Security | | | | |
| Pension/Retirement | | | | |
| Investment/Brokerage | | | | |
| | | | | |
| | | | | |
| | | | | |

AUTOMATIC PAYMENTS/TRANSFERS: List all withdrawals from your account(s).

| Withdrawal Type | Company/ Institution Name | Account Number | Amount | Date |
|---------------------|------------------------------|----------------|--------|------|
| Home/Auto Insurance | | | | |
| Life Insurance | | | | |
| Gas/Electric | | | | |
| Phone | | | | |
| Water | | | | |
| TV/Internet | | | | |
| Mortgage | | | | |
| Credit Card | | | | |
| | | | | |
| | | | | |
| | | | | |

Former Account Activity Tracking

You will want to keep track of the activity on your old account. Make sure that all checks, deposits, automatic payments, debit card transactions and ATM withdrawals have cleared before closing the account.

DIRECT DEPOSIT AUTHORIZATION FORM

Attention: (Enter the company you want deposits directed from here)

NAME

ADDRESS

CITY

STATE

ZIP CODE

From: (Enter your personal information here)

CUSTOMER NAME

CUSTOMER ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER (IF REQUIRED)

PHONE NUMBER

**Note: For Social Security Deposits, a Members Trust representative can assist you with calling the Social Security Administration at (800) 333-1795 or signing up online at ssa.gov/deposit.*

To Whom It May Concern,

I have recently switched financial institutions. Please stop making deposits into my old account and begin making them to my new Members Trust account indicated below.

New Account Information: (Enter your Members Trust information here)

MEMBERS TRUST ROUTING NUMBER

313083620

ACCOUNT NUMBER

Checking

Savings

ACCOUNT NUMBER

Checking

Savings

SIGNATURE

DATE

DEPOSIT TOTAL AMOUNT \$ _____ into CHECKING account listed above

DEPOSIT TOTAL AMOUNT \$ _____ into SAVINGS account listed above

**Tip: Be sure to include a voided Members Trust check with this form. One of the starter checks you received when you opened your account will be fine.*

AUTOMATIC PAYMENT AUTHORIZATION FORM

Attention: (Enter the company you want payments directed to here)

NAME

ADDRESS

CITY

STATE

ZIP CODE

From: (Enter your personal information here)

CUSTOMER NAME

ACCOUNT NUMBER

CUSTOMER ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

To Whom It May Concern,

I have recently switched financial institutions. Please redirect my automatic payments from my old account and begin withdrawing from my new Members Trust account indicated below.

EFFECTIVE: Immediately Beginning ___/___/___

PAY: Total Amount \$ _____

New Account Information: (Enter your Members Trust information here)

MEMBERS TRUST ROUTING NUMBER

313083620

ACCOUNT NUMBER

Checking

Savings

SIGNATURE

DATE

**Tip: Be sure to include a voided Members Trust check with this form. One of the starter checks you received when you opened your account will be fine.*

ACCOUNT CLOSING LETTER

Attention: (Enter your old financial institution's information here)

NAME

ADDRESS

CITY

STATE

ZIP CODE

To Whom It May Concern,

Please accept this letter as authorization and close my account(s) listed below with your institution. Please issue a cashier's check in my name for the remaining balance(s) along with all accrued interest (if applicable).

| Account Type | Account Number | Account Owner Name(s) |
|--------------|----------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please send all closing balances to: (Enter your personal information here)

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

PRIMARY ACCOUNT OWNER SIGNATURE

DATE

SECONDARY ACCOUNT OWNER SIGNATURE

DATE