Helpful Hints When Switching To Members First Credit Union

Information Needed
Members First will be glad to mail all forms for you. We will need the forms completely filled out to ensure the changes are made as soon as possible. Be sure to have contact information for each company/depositor (addresses, phone numbers, etc.) as well as your account numbers from each company and former financial institutions.

Automatic Deposits
These are recurring payments automatically deposited into your account. Changes should take effect within 3 payment periods. Keep your former accounts open until you are sure the deposits have switched to Members First. If you don’t see the deposit after 3 periods, contact the depositor. Some companies, like the Social Security Administration, require special forms. Contact the company to be sure no other forms are required. If you have more than one automatic deposit, we will need a form for each company.

Automatic Deductions
Changes to automatic deductions normally occur within 2 withdrawal periods. Keep your old account open until you are sure that all deductions have been moved to Members First. Again, if the withdrawal has not been moved after 2 withdrawal periods, contact the company making the withdrawals.

Closing your Account
Make sure the account you are closing is balanced and that you have enough remaining funds in the account for outstanding items to clear. Once all items have cleared, the account may be closed. Remember to check with your former financial institution because they may need additional forms to close the account. If you would like to wire transfer the remaining funds from your former financial institution to:

Members First wiring instructions:

Wire To: Catalyst Federal Credit Union
ABA#: 311990511
For Credit To: Members First Credit Union
Account #: 314978394
For Further Credit To: Your Name
Your Account Number
Account Switch Checklist

Use this checklist as a simple guide to switch over!

_____ Open your accounts with Members First.

_____ Make sure all checks have cleared on your old checking account.

_____ Make certain enough funds are available in your old account to cover anything that may yet need to be posted to your old account.

_____ Fill out & send our Direct Deposit Form to each company that you have direct deposit, such as: payroll, social security, CD interest payments, etc.

_____ Fill out & send the Automatic Payments/Debit Change Request form to each company that automatically takes money from your accounts, such as: utility companies, insurance, internet service providers, loan payments, etc.

_____ Fill out & send the Close Account Request form to your old financial institution so they know that you want to close your account(s) with them.
Close Account Request

Date ___________________________________________ Financial Institution’s Name ________________________

Address _________________________________________ City __________________________________________ State ______ Zip __________

Please close my account(s) and send a check for the remaining balance to me at the address listed below.

_______________________________    ______________________________
Account number                                            Account Type

_______________________________    ______________________________
Account number                                            Account Type

_______________________________    ______________________________
Account number                                            Account Type

If you have any questions about this request, please contact me at:

(______) _________-___________   (______) __________ - _____________   (______) _________ - __________
Cell Phone                                                          Home Phone                                                        Work Phone

_______________________________    ______________________________
Signature                                                                                            Joint Owner Signature (If applicable)

_______________________________    ______________________________
Print Name                                                                                         Joint Owner Print Name (If applicable)

_______________________________    ______________________________
Address                                                                                                 Address

_______________________________    ______________________________
City, State, Zip                                                                                     City, State, Zip

Notes:

Main Branch
5444 S Staples St.
Corpus Christi, TX 78411
Ph: 361-991-6178
Fax: 361-993-1704

SPID Branch
1430 S. Padre Island Dr.
Corpus Christi, TX 78416
Ph: 361-882-8841
Fax: 361-882-4060

Violet Branch
11166 Up River Rd.
Corpus Christi, TX 78410
Ph: 361-241-0045
Fax: 361-241-3997

Harlingen Branch
722 S. Loop 499
Harlingen, TX 78550
Ph: 956-428-8711
Fax: 956-428-3520
Direct Deposit Change Request

Date ______________________  Employer/Depositor’s Name ______________________________________

Address ____________________________________________ City __________________________ State _______________ Zip _______________

You are currently depositing my entire check/partial check (circle one) to the following account(s), please stop making deposits to these account(s):

Financial Institution Name: __________________________  Account Number: ______________________________
Routing Number: __________________________________ Effective Date: ________________________________

Please send all future direct deposits to:

Financial Institution Name: Members First Credit Union  Routing Number: 314978394
5444 S Staples St  Account Number: ______________________________
Corpus Christi, TX. 78374

If you have any questions about this request, please contact me at:

(_______) __________-__________    (_______) __________-__________    (_______) __________-__________
Cell Phone                                                    Home Phone                                                   Work Phone

Signature ____________________________________________  Print Name ____________________________________________

Notes:

Members First Credit Union
Main Branch  5444 S Staples St.
Corpus Christi, TX 78411
Ph: 361-991-6178
Fax: 361-993-1704

SPID Branch  1430 S. Padre Island Dr.
Corpus Christi, TX 78416
Ph: 361-882-8841
Fax: 361-882-4060

Violet Branch  11166 Up River Rd.
Corpus Christi, TX 78410
Ph: 361-241-0045
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Harlingen Branch  722 S. Loop 499
Harlingen, TX 78550
Ph: 956-428-8711
Fax: 956-428-3520
Auto Payment/Debit Change Request

To Whom It May Concern:

You are currently withdrawing $________ (amount) for account# _____________ on the ______ day of the month from the following account:

Financial Institution Name: __________________________ Routing Number: _______________________________________

Account Number: __________________________ Account Type: ________________

Effective ___________________________, please stop making withdrawals from that account and instead, debit them from:

Financial Institution Name: Members First Credit Union
5444 S. Staples St.
Corpus Christi, TX. 78374

Routing Number: 314978394 Account Number: __________________________

If you have any questions about this request, please contact me at:

(______) _______ - _________ (______) _______ - _________ (______) _______ - _________
Cell Phone Home Phone Work Phone

______________________________________  ____________________________________________
Signature Print Name

________________________________________  __________________________________________
Address City, State, Zip

Notes:

Main Branch
5444 S Staples St.
Corpus Christi, TX 78411
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