

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

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

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.

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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:

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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
Corpus Christi, TX. 78374 Account Number: _____

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

(____) _____ - _____ (____) _____ - _____ (____) _____ - _____
Cell Phone Home Phone Work Phone

Signature

Print Name

Notes:

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Auto Payment/Debit Change Request

Date

Company Name that makes withdrawals

Company Address

City

State

Zip Code

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:
(Date)

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:

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