

MAKE THE SWITCH!
To PSCU Checking

Premier
Source

Credit Union

www.premier-sourcecu.com

Main Office

413-525-2002

Fax 413-525-0005



Premier
Source
Credit Union

Premier
Source

Credit Union

Serving our members since 1941

- Free Checking
- Free On-Line Banking
- Free Bill Pay
- Free Telephone Banking
- ATM/Debit Cards
- CD's & Money Market Accounts
- Mortgage Loans
- Home Equity Loans and H/E Lines
- Vehicle & Motorcycle Loans
- Personal Loans
- Recreational Vehicle Loans
- And more added services

Two locations to serve you

232 North Main St. · East Longmeadow · 525-2002

254 Cottage St. · Springfield · 731-8200

1-800-551-3556

www.premier-sourcecu.com

Rev. 3/09



The shares and deposits of this credit union in excess of NCUA limits are insured by the Massachusetts Credit Union Share Insurance Corporation up to the limits set by Massachusetts law.



We Do Business In Accordance With the Federal Fair Housing Law and the Equal Credit Opportunity Act



This credit union is federally insured by the National Credit Union Administration

1. PSCU Checking Enrollment Form

Member # _____

Name _____

Account # _____

Joint Owner Name _____

Email _____

By signing below, member and any joint owner(s) agree to be bound by the rules and regulations governing accounts at the Credit Union. The Credit Union may verify credit and employment histories.

Signature (Primary Owner) _____ Date _____

Signature (Joint Owner) _____ Date _____

I have enclosed \$ _____ to deposit into my Checking Account.

Check Order

- Please send me my first 50 complimentary checks along with a standard order.
- Please send me information on available check styles.

PSCU Debit Card

- Individual Joint
- Hotline (24-Hour Telephone Banking)
- Online Banking
- e-Statements
- Bill Payer

2. Direct Deposit Change Notice

Complete and submit this form to the payroll department of the company or organization that is depositing funds to your existing checking account. You may be required to complete an additional form from your company or organization.

Name _____

Social Security # _____

Employer _____

Phone # _____

Address _____

City _____ State _____ Zip _____

Previous Financial Institution Information:

Institution _____

Account # _____

Address _____

City _____ State _____ Zip _____

NEW Financial Institution Information:

Premier Source Credit Union
232 North Main Street
East Longmeadow, MA 01028
(413) 525-2002 Fax: (413) 525-0005

Routing # 2118-85810

Member # _____

Signature (Primary Owner) _____ Date _____

Credit Union Authorized Signature _____ Date _____

3. Automatic Payment Change Notice

Complete and submit this form to all creditors that are automatically taking payments from your existing checking account. You may be required to complete additional forms if there is more than one creditor. Please make copies of this form if necessary.

Name _____

Account # _____

Company to Receive Payment _____

Phone # _____

Address _____

City _____ State _____ Zip _____

Previous Financial Institution Information:

Institution _____

Account # _____

Address _____

City _____ State _____ Zip _____

NEW Financial Institution Information:

Premier Source Credit Union
232 North Main Street
East Longmeadow, MA 01028
(413) 525-2002 Fax: (413) 525-0005

Routing # 2118-85810

Member # _____

I hereby authorize you to redirect future automatic payment withdrawals from my NEW PSCU Checking Account

Effective _____

Signature (Primary Owner) _____ Date _____

4. Checking Account Closure Notice

Once your direct deposit and/or automatic payments start coming to your PSCU Checking Account AND you know all of your checks have cleared your existing checking account, complete and mail this form to your previous financial institution.

Name _____

Soc. Sec. # _____

Joint Owner Name (if applicable) _____

Phone # _____

Previous Financial Institution Information:

Institution _____

Account # _____

Address _____

City _____ State _____ Zip _____

Please make check for remaining balance for deposit only payable to:

Name _____

Account # _____

Mail to: Premier Source Credit Union
232 North Main Street
East Longmeadow, MA 01028

IMPORTANT – READ BEFORE SIGNING:

I hereby authorize the closure of my checking account. I certify that all of my checks have cleared the account to be closed and all direct deposits and automatic payments have been stopped.

Signature (Primary Owner) _____ Date _____