

CLOSE ACCOUNT

(Use the form to close an account at another financial institution)

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

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

If you have any questions about this request, please contact me during the **DAY** / **EVENING** (circle one) at (____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip

CHANGE AUTOMATIC WITHDRAWAL

Date

Name of Company That Makes Automatic Withdrawal

Address

City, State, Zip

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) for my _____ (what payment is for),

_____ (account or other identifying number), _____ (when) from

the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making withdrawals from that account and instead make them from:

MY Credit Union

Bank Routing Number: **321174819** _____

Account Number: _____

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(____) _____ (phone number).

Thank you.

Sincerely,

Name (please print)

Address

City, State, Zip

TRANSFER AN AUTO LOAN

You'll save time because we handle all the paperwork. Complete our Speedy Application and Payoff Authorization Form and return them to us. Upon credit approval and completion of the loan documentation*, we will handle the transfer for you.

Apply for a loan 24 hours, 7 days a week online – www.MyCUonline.org or via telephone – (866) 564-0878 for faster loan approval.

Equal Opportunity Lender

*You may be required to submit additional information to qualify for the loan.

Speedy Application

"Married applicants can apply for an individual account. Please indicate if you want an individual account in your name or a joint account with another person: Notice: applicant/co-applicant need not reveal income from alimony, child support or separate maintenance if such income is not to be considered as a basis for repaying the obligation.

Complete co-applicant section if (1) this is to be a joint account with your spouse, (2) your spouse will use this account, (3) you live in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada Texas, Washington or Wisconsin) or (4) you are relying on your spouse's income in applying for the credit. This section must also be completed about your co-applicant if this is for a joint account with someone other than your spouse.

Yes, I want to start saving money on my Auto Loan by transferring it to MY CU. Mail or fax your completed application to:
MY CU, P.O. Box 5824, Redwood City, CA 94063; Fax: (650) 366-5511.

Please tell us about yourself...

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Family Member Not Living With You: _____

Family Member Phone Number: _____

Tax ID/Social Security Number: _____

Marital Status (If residing in a community property state):

Married Unmarried Separated

Employer: _____ Hire Date: _____ Yrs: _____

Gross Salary \$ _____ Weekly Bi-weekly Semi-Monthly

Mortgage \$ _____ or Rent \$ _____

Your Co-Applicant

Spouse

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Family Member Not Living With You: _____

Family Member Phone Number: _____

Tax ID/Social Security Number: _____

Marital Status (If residing in a community property state):

Married Unmarried Separated

Employer: _____ Hire Date: _____ Yrs: _____

Gross Salary \$ _____ Weekly Bi-weekly Semi-Monthly

Mortgage \$ _____ or Rent \$ _____

Payoff Authorization

Complete this form if you want a loan balance from another financial institution to be paid off with a MY CU loan. Continue to make Minimum Monthly Payments on your other loans by the Payment Due Dates until paid off by MY CU to avoid additional FINANCE CHARGES and late fees on the account.

Please close the account below by paying off the balance to my account at this financial institution. My Loan Balance is \$ _____

Member Name _____ Account Number _____

Name of Financial Institution _____ Institution Phone # _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Loan Authorization

I/we certify that the information given on this Loan Application is complete and true, and submitted for the purpose of obtaining credit. I/we authorize MY Credit Union to use any credit reporting agency or otherwise verify the information and requests from others like banks and credit agencies about my/our credit and experience information. I/we agree to provide proof of insurance to name MY Credit Union as the loss payee on my policy. I/we understand and agree that upon receipt of my Loan Application, I will receive the applicable Loan Agreement along with any other necessary documents or disclosures that may apply including the Visa Card Disclosure and Agreement, which I must sign and prior to my application for a loan being approved by MY Credit Union or MY Credit Union agreeing to pay paying off any loans. I/WE MAY BE ASKED FOR VERIFICATION OF INCOME, MOST RECENT TAX RETURN OR PROOF OF REGISTRATION.I/we confirm that I am at least 18 years of age and I agree to sign all documents required to create a valid loan and security agreement.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Balance pay-offs are treated as cash advances and therefore there is no grace period and finance charges will accrue from the date the transfer is posted to your account. You may pay-off up to your MY Credit Union available credit limit". We are not responsible for any remaining balances or additional charges with regard to such loan balances with another financial institution nor for any charges resulting from any delay in the payment.

CHANGE PAYROLL DIRECT DEPOSIT

Date

Employer/Depositor's Name

Address

City, State, Zip

To Whom It May Concern:

You are currently depositing **MY ENTIRE PAYCHECK / PART OF MY PAYCHECK** (circle one) to the following account:

Old Bank: _____

Bank Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead make them from:

MY Credit Union

Bank Routing Number: **321174819** _____

Account Number _____ Checking I.D. _____

If you have any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Other Information Your Employer May Need (SSN, Employee ID#, etc.)