

Switch Kit Checklist

Print this form and check off the boxes as you complete the items listed.

- Open your membership and/or checking account at Summit Federal Credit Union. You can do this by visiting one of our branches or by printing the membership/checking application, as well as all our other forms, from our website at: www.summitfcu.com.
- Fill out and send the Direct Deposit Request form to each company from which you receive deposits.
- If you have **Social Security Deposits**, visit them at: www.ssa.gov/deposit/howtosign.htm OR call the **Social Security Administration** at: 1-800-772-1212 (TTY: 1-800-325-0778) to have funds redirected to **Summit FCU's Routing/Transit** number: 2412-7346-3 and your SFCU account number.
- Send a completed Authorization to Change Automatic Withdrawal/Payment form to each company you have authorized to debit your current account. This will authorize them to withdraw from your new Summit FCU checking account.
- Complete a WEB-24 Internet Access Application for 24/7 Internet access to your account and to use our free Bill Pay service (available only with an SFCU checking account.)
- Complete a Mastercard Debit Card Application (available only with an SFCU checking account.) Why carry cash or checks with you? All you need is just your card.
- Verify that all checks, check card transactions, and scheduled bill payments have cleared your old checking account.
- Make sure funds are available in your old account to cover any automatic payments, checks, and check card transactions that are still outstanding.
- Check maturity dates on Certificates of Deposit before transferring them to SFCU in order to avoid early withdrawal penalties.
- Verify your direct deposits and automatic payments have begun posting to your new account.
- Print the Authorization to Close Account form and send it to your old financial institution informing them you are closing your account.



SUMMIT FEDERAL CREDIT UNION

MEMBERSHIP APPLICATION

| ACCOUNT NUMBER | | | | |
|----------------|--|--|--|--|
| | | | | |

USA Patriot Act

Important Information About Procedures for Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

We may also ask to see your driver's license or other identifying information, and we will keep a photograph of you on file.

What Type of Account Would You Like to Open?

- New Member Regular Share Savings
(This type is required when opening any accounts mentioned below.)
 Club Savings
 Youth Savings
 Secure 24 E-ssential Statement Gold Crown
OR Fresh Start Checking (Circle One)
 Silver Money Market Checking

Check All That Apply Below:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien

If you answered "I am a Non-Resident Alien", there is a separate document which must be completed with this application.

TELL US ABOUT YOURSELF

PLEASE PRINT IN INK

Establish New Account Change Account Data

Name _____
 Home Address/City/State/Zip (If PO Box number, street address also required.) _____

SSN/TIN _____ Phone (____) _____

Date of Birth _____ Driver's Lic.# _____ Exp.Date _____ State _____

Present Employer (Name & Address) _____
 Phone (____) _____

E-Mail Address: _____

I qualify for membership in this Credit Union because _____

OR I am related to the person named below who is eligible to join SFCU:

Their Name _____ Relationship _____

Their Signature _____
(Sponsoring Member (This neither indicates liability or ownership on this account.))

TELL US ABOUT YOUR JOINT ACCOUNT OWNER(S) (IF ANY)

Name _____
 Home Address/City/State/Zip (If PO Box number, street address also required) _____

SSN/TIN _____ Phone _____

Date of Birth _____ Driver's Lic # _____ Exp. Date _____ State _____

Name _____
 Home Address/City/State/Zip (If PO Box number, street address also required) _____

SSN/TIN _____ Phone _____

Date of Birth _____ Driver's Lic # _____ Exp. Date _____ State _____

First Joint Owner:

Check All That Apply Below:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien

If you answered "I am a Non-Resident Alien," there is a separate document which must be completed with this application.

Second Joint Owner:

Check All That Apply Below:

- I am a U.S. Citizen
 I am a Resident Alien
 I am a Non-Resident Alien

If you answered "I am a Non-Resident Alien," there is a separate document which must be completed with this application.

PAYABLE ON DEATH-DESIGNATION OF BENEFICIARY

Your account will be paid to any joint account holder who survives you. If there is no surviving joint account holder, it will be paid according to instructions in your will or probate estate. OR if you have not named a joint owner, you may choose to have your account paid upon your death to the following person or persons _____

Backup Withholding Certification - Check box (A) only if true or (B) below:

(A) By signing here, I (Name) X _____

CERTIFY UNDER PENALTY OF PERJURY THAT, (1) THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (TIN) (OR THAT I AM WAITING FOR A NUMBER TO BE ISSUED TO ME); (2) I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE (a) I AM EXEMPT, OR (b) I HAVE NOT BEEN NOTIFIED BY THE IRS THAT I AM SUBJECT TO BACKUP WITHHOLDING AS A RESULT OF FAILURE TO REPORT ALL INTEREST OR DIVIDENDS, OR (c) THE IRS HAS NOTIFIED ME THAT I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING AND (3) I AM A U.S. PERSON (including a U.S. resident alien).

(B) A SEPARATE W-9 HAS BEEN COMPLETED (OR W-8 IN THE CASE OF A NON-RESIDENT ALIEN).

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

THE THINGS THAT YOU AGREE TO WITH YOUR ACCOUNTS

You agree not to pledge your accounts as collateral with any other creditor. Any owner or joint owner may direct payments or obtain withdrawals without further consent of the other co-owners. Withdrawals will be subject to the methods we approve and any time restrictions that applicable law may provide. You must maintain any minimum balances applicable to the type of account in which your money is held. You agree to be bound by all terms, conditions, requirements and fees/service charges that the Credit Union may establish—we will notify you with appropriate schedules of terms and fees. You will send us written notice if you wish to cancel any account or applicable agreement with the Credit Union, but no cancellation will affect any transactions previously made or currently in process. We do not have to pay checks more than six months old. We do not have to pay a check which exceeds the balance in your checking account, but we may do so, and you agree that you will pay the applicable service charge plus the overdraft amount. Deposits of any items other than cash may be subject to holds before the funds are available for withdrawal. There may be limits on the amount of cash you may withdraw; we may require you to accept an official check for large withdrawals. You will review your statement and make any objections within 20 days of the date it is postmarked OR is available online for your review, and you waive any objections after that time. If you or any co-owner owes the Credit Union and has not made agreed payments, we may charge that amount (also known as a setoff) against any other account on which the obligated person's name appears as an owner or co-owner.

Special rules for Social Security Deposits and other exempt deposits. Social Security benefits are protected from assignment, judicial levy, and setoff unless and except to the extent that you knowingly consent to allow charges against the deposits. If you have Social Security or other government deposits in your SFCU accounts that could be claimed as exempt, you are agreeing to allow us: to pay checks or honor other payment instructions; to charge any fees you owe against your account balance; to setoff any other payments or indebtedness that you owe. This authorization for charges against your accounts is limited to the dealings between you (including joint owners) and SFCU. I also acknowledge that I have received and agree to be bound by the terms and conditions on this application as well as the separate account disclosures listed and checked below:

- Funds Availability Truth-In-Savings Electronic Funds Transfer Privacy
- Other _____

Consent to Electronic Disclosures: If I use, apply for or access any electronic services of the Credit Union, I agree to receive disclosures electronically, and have the ability to do so, as described in "Terms and Consent Applicable to Electronic Signatures" of the Membership Agreement.

(1) X _____ Date _____
Member Signature

(2) X _____ Relationship to Member _____ Date _____
Signature

(3) X _____ Relationship to Member _____ Date _____
Signature

FOR CREDIT UNION USE ONLY

Member/Owner Identification Verified Via:

- 1. DL # _____ State _____ Other _____
- 2. DL # _____ State _____ Other _____
- 3. DL # _____ State _____ Other _____

| OPEN BY/DATE | DISC BY | APPROVED | GROUP # | ID ISSUED BY/DATE |
|--------------|---------|----------|---------|-------------------|
| / | | | | / |

AUTHORIZATION FOR DIRECT DEPOSIT/PAYROLL DEDUCTION TO SUMMIT FEDERAL CREDIT UNION

Please complete the direct deposit form below, print it, sign it, and forward it to your payroll department.

Authorization Code: New Change Cancel

Name: _____ Social Security #: _____

I hereby authorize _____ to initiate credit entries
(Employer)

and, if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authorization REPLACES all previous SFCU direct deposit/payroll deposit authorizations and should begin with my pay of: _____ OR as soon as possible .

Account # _____ at Summit Federal Credit Union in Akron or Salem, OH

R & T / ABA # 2412-7346-3

Deposit a **set amount of** \$ _____ **OR** Deposit my **net pay** (check only one)

into my Checking **OR** Savings (check only one)

This authority is to remain in full force until my EMPLOYER has received written notification from me of its termination or change in such time and manner as to afford my EMPLOYER a reasonable opportunity to act on it. I have authorized my pay department to deduct the amount shown above from my pay each payday for deposit in SFCU.

Signature _____ Date: _____

If you wish to have your deposit distributed on your account, please contact Summit FCU in person, phone, or by e-mail or complete and send the form below to: P O Box 1460, Akron, OH 44309-1460.

Detach

Name _____ CU Account # _____

Soc. Sec. # _____ Employer: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Please redistribute my payroll as shown here beginning with my pay of: _____

| | | |
|--|--|---|
| SAVINGS (00) \$ _____ CHECKING (09 or 29) # _____ CHRISTMAS CLUB (15) _____ VACATION CLUB (16) _____ OTHER _____ | LOAN (50 - 69) # _____ \$ _____ (50 - 69) # _____ (50 - 69) # _____ IRA (05, 06 or 07) # _____ OTHER _____ | TOTAL DEPOSIT PER PAY - NET <input type="checkbox"/> or \$ _____ (Check one above) |
|--|--|---|

Signature _____ Date _____

FOR CREDIT UNION USE ONLY Date rec'd _____ By _____ Programmed _____ By _____



Authorization to Change Automatic Withdrawal/Payment

Instructions: Complete this authorization to have automatic withdrawals/payments made from your Summit FCU checking account. Print one authorization for each company that makes automatic withdrawals from your account. Remember to change any automatic payments made by debit card transactions too.

Date _____

Name and Address of Company _____
that makes automatic withdrawals: _____

To Whom It May Concern:

You are currently withdrawing \$ _____ (amount) on a _____ (when) basis for my _____ (what payment is for) from:

Old Bank: _____

Routing Number: _____

Account Number: _____

OR Card Number: _____

Please discontinue withdrawals from this account and (check one):

Begin withdrawals from my account at:

Summit Federal Credit Union

P O Box 1460, Akron, Ohio 44309-1460

Routing Number: 241273463

Account Number: _____

Begin withdrawals from my Summit Federal Credit Union Mastercard Debit card:

Card Number: _____ Expiration: _____ CVV: _____

I will use Summit Federal Credit Union's Bill Pay service to make future payments.

Thank you for your prompt attention to this request. If you have any questions about this request, please contact me during the day / evening (circle one) at _____ (phone number).

Sincerely,

Signature _____

Address: _____

City/State/Zip: _____

SFCU's WEB-24 Internet Branch/ Bill Pay/E-Statement Application

Please complete in ink, sign both areas below, and return to Summit Federal either in person or by mail to: P. O. Box 1460, Akron, OH 44309.

Member Name: _____ Account # _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address (required): _____

Other accounts that I wish to have access to on WEB-24: You **must** be a primary or joint owner on each account listed below.

#: _____ #: _____ #: _____ #: _____

I wish to enroll in WEB-24 Internet Branch and Bill Pay (I understand that I must have a Summit FCU checking account in order to enroll in Bill Pay.)

OR

I wish to enroll in E-Statements ONLY

AUTHORIZATION

By signing below, I am applying for SFCU's WEB-24 Internet Branch. Should you approve my application, I agree that my use of WEB-24 will be governed by all Summit Federal Credit Union (SFCU) Account Agreements, Disclosures, and General Fee Schedule, as well as the Summit Federal Credit Union Internet Account Access Agreement and Disclosure Statement.

I understand that my Password is issued for security purposes to authenticate electronic transfers and withdrawals. It is my responsibility to safeguard my Password. I understand that if I disclose my Password to any non-owner, I am fully responsible for transactions performed on my accounts.

By signing this application, I expressly agree that you may send any required disclosures or information to me by electronic communication. The term "electronic communication" means a message transmitted electronically in a format that allows visual text to be displayed on equipment such as a personal computer monitor.

Information submitted will be verified against our membership records on file. Discrepancies in the information provided above will cause your application for WEB-24 Internet Branch/Bill Pay to be rejected and forwarded to our Fraud Department.

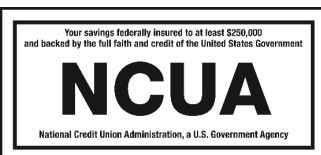
Signature (**Required**) **X** _____ Date _____

I request that my SFCU Periodic Account Statements be sent to me by electronic communication using the

E-mail address written above. I no longer wish to receive my monthly statement by US Mail except at the end of each year.

Signature (**Required**) **X** _____ Date _____

Joint owners should complete a separate application. They will receive a different user name and password.



Federally insured by NCUA





Summit Federal Credit Union Mastercard® Debit Card Request Form

Complete this form for each request/member.

*These items are required for this form to be processed.

*Name _____

*Address _____

*City _____ State _____ Zip _____

*Social Security # _____ *Date of Birth _____

*Telephone # (Day) _____ *(Evening) _____

*I wish to access the following Credit Union account # _____

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Disclosure Statement and Cardholder Agreement. The above information is given to obtain a credit report if required by the Credit Union.

*Signature _____ Date _____

Fill in the blocks below showing how you prefer to have your name embossed on your Mastercard® Debit Card:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Personal Identification Number (PIN)

A Personal Identification Number (PIN) is a four digit numeric identification known **only to you**. When you insert your card into an ATM, you will be asked to enter your PIN. You will be able to complete your transaction only if your PIN is entered correctly. This is an important **safety feature**. No one else can use your card in an ATM unless they know your PIN. You will receive a PIN in a separate mailing shortly after receiving your new card. When received, keep it in a safe place so that you can refer to it in case you forget it. **Don't** keep it with your card.

| | |
|----------------------------|----------|
| FOR CREDIT UNION USE ONLY: | |
| Date Rec'd _____ | By _____ |
| Date Issued _____ | By _____ |



Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your Summit Federal Credit Union account. Print one authorization for each financial institution where you have accounts. Remember to properly destroy old checks and your old ATM and debit cards.

Date: _____

Name and Address of Bank or _____

other financial institution: _____

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Numbers: _____

Account Holders: _____

ID Verification (SSN or secret account code): _____

And send a check for the remaining balance(s) to my new account at:

Summit Federal Credit Union

P O Box 1460

Akron, OH 44309-1460

Routing Number: 241273463

Account Number: _____ Savings / Checking (circle one)

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from my account(s) with your financial institution.

Thank you for your prompt attention to this request. If you have any questions about this request, please contact me during the day / evening (circle one) at _____ (phone number).

Sincerely,

Account Holder 1 Signature _____

Account Holder 2 Signature _____

Address: _____

City/State/Zip: _____