

# Switch Kit

Stoneham ME  
Federal Credit Union

## SWITCH KIT - INSTRUCTIONS

**S**witching to **Stoneham ME Federal Credit Union** (SMEFCU) is a smart and easy move because we assist you in **Making the Switch**. Just follow the four easy steps below to **switch** to SMEFCU!

**1.** Open your accounts (checking and savings) at SMEFCU by stopping into any branch or calling us at (781) 438-3959 or (978) 658-5394.

**2.** Look over the [CHECKLIST](#) to ensure you remember to **switch** all direct deposits (paychecks and other deposits) and automatic payments (bills deducted from your checking account). Fill out a [DIRECT DEPOSIT](#) or [AUTOMATIC PAYMENT](#) form for each applicable deposit or payment you wish to **switch**.

**3.** Complete the [ACCOUNT TRANSFER REQUEST](#) to close your account and transfer your funds from your previous financial institution to SMEFCU. **Remember to verify that all checks and automatic withdrawals have cleared from your previous account.**

**4.** Send out all your information for processing. As always our staff will be happy to assist you. Simply bring in or fax your completed forms to one of our friendly member services staff. We will review the forms to ensure all are completed accurately and appropriately. **Please note that other financial institutions and companies may request completion of additional forms.**

**Congratulations,  
you made the Switch!**

# Benefits

**W**hy make the switch to **Stoneham ME Federal Credit Union (SMEFCU)**?

In today's complex world of financial services, SMEFCU makes it simple. We offer a variety of products and services designed to fit **your** financial needs. Combine that with our outstanding member service and SMEFCU truly is different.

- ◆ **Free** First Box of Basic Checks
- ◆ **Free** 24/7 Home Banking (HomeBanking24)
- ◆ **Free** 24/7 Telephone Banking (Access24)
- ◆ **Free** ATM/Visa Check Cards
- ◆ **Free** Monthly Electronic Statements
- ◆ **Free** Direct Deposit Service
- ◆ **Free** Bill Payer For The First 6 Months
  
- ◆ **No** Per-Check Fee
- ◆ **No** Monthly Service Fee
- ◆ **No** Minimum Balance Required
  
- ◆ **Over Draft Protection** Available
- ◆ **Dividends Available On Checking** With A \$500 Balance.

#### **Additional Services include:**

- ◆ 24/7 Online Loan Application
- ◆ Consumer & Mortgage Lending
- ◆ Visa Credit Cards
- ◆ Visa online Account Services
- ◆ Surcharge **Free** ATMs with SUM Network Logo
- ◆ **Free** Credit Counseling
- ◆ **Free** Notary Services
- ◆ Brokerage and Financial Planning Services
- ◆ Money Orders
- ◆ Gift Checks
- ◆ Wire Transfers
- ◆ Night Depositories

# Checklist

Stoneham ME  
Federal Credit Union  
SWITCH KIT - CHECKLIST

**A**s you make the **switch** to **Stoneham ME**

**Federal Credit Union (SMEFCU)** we want to ensure that you have not omitted any deposits or payments. Review the list below to make sure you remember to **switch** all of your direct deposits and automatic payments.

**We also suggest you review your last two months of financial statements (i.e. checking, savings, etc.)**

#### **Direct Deposit**

- Payroll
- Social Security
- Government
- Retirement
- Investments

#### **Automatic Payments**

- Mortgage
- Auto Loan
- Health Insurance
- Life Insurance
- Car Insurance
- Credit Card(s)
- Utilities
- Cable TV
- Telephone
- Cellular Phone
- Internet Services
- Health/Athletic Club
- Investments/Annuities
- Charitable Contributions



# Transfer

**Stoneham ME  
Federal Credit Union**

## SWITCH KIT - ACCOUNT TRANSFER REQUEST

Complete this form and provide it to your current financial institution.

Date \_\_\_\_\_

**Your Information:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security No.)

\_\_\_\_\_  
(Co-Owner/Applicant)

\_\_\_\_\_  
(Co-Owner/Applicant Social Security No.)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip)

\_\_\_\_\_  
(Daytime Phone)

**Transfer My Account FROM:**

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip)

\_\_\_\_\_  
(Existing Account Number)

Please close my account and send the entire account balance to me at the address noted above.

Please close my account and send the entire account balance to:  
**Stoneham ME Federal Credit Union**  
**40 Pine Street**  
**Stoneham, MA 02180**  
Please reference **Account No.** \_\_\_\_\_

I hereby direct you to complete the requested transfer from my existing account.

\_\_\_\_\_  
(Authorized Signature) (Date)

\_\_\_\_\_  
(Co-Owner's Signature) (Date)

\_\_\_\_\_  
(Notary) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. **Stoneham ME Federal Credit Union** is not responsible for overdraft charges incurred for insufficient funds.



# Deposits

**Stoneham ME  
Federal Credit Union**

## SWITCH KIT - DIRECT DEPOSITS

Provide this form to EACH COMPANY that initiates deposits directly into your account(s).

**Employer and/or Company Information:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

**Your Information:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security No. and/or Employee Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip)

\_\_\_\_\_  
(Daytime Phone)

**New Direct Deposit Information:**

**Stoneham ME Federal Credit Union**

(Name of Financial Institution)

**40 Pine Street Stoneham, MA 02180**

(Address)

**211386005**

(Stoneham ME Federal Credit Union Routing Number)

Please deposit my payroll according to the following:

Savings Account No. \_\_\_\_\_

Net Pay \$ \_\_\_\_\_ per pay period

Checking Account No. \_\_\_\_\_

Net Pay \$ \_\_\_\_\_ per pay period

I hereby authorize the above named to deposit my net paycheck or other distribution as indicated above. This request is to remain in effect until changed by me in writing. I agree that any funds erroneously deposited into my account in excess of my authorized amount or then current salary may then be withdrawn without liability or prior notice. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

\_\_\_\_\_  
(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. **Stoneham ME Federal Credit Union** is not responsible for overdraft charges incurred for insufficient funds.



# Payments

**Stoneham ME  
Federal Credit Union**

## SWITCH KIT - AUTOMATIC PAYMENTS

Complete this form and provide it to EACH COMPANY that automatically deducts payments from your account(s).

**Company Information:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

**Your Information:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip)

\_\_\_\_\_  
(Account Number) (Daytime Phone)

I have recently changed financial institutions and would like to have my automatic payment(s) with your company changed to my new account. Please discontinue debiting my previous account and begin making automatic withdrawals from my Stoneham Municipal Employees Federal Credit Union Account according to the following information:

**Stoneham ME Federal Credit Union**

(Name of Financial Institution)

**40 Pine Street Stoneham, MA 02180**

(Address)

**211386005**

(Stoneham ME Federal Credit Union Routing Number)

Savings Account No. \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Date(s) or Frequency of Payment \_\_\_\_\_

Amount Due Specific Amount  
\$ \_\_\_\_\_

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed above. If this form is not sufficient for automatic payments, please forward your authorized company form for my signature.

\_\_\_\_\_  
(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. **Stoneham ME Federal Credit Union** is not responsible for overdraft charges incurred for insufficient funds.



# Social Security/SSI

**Stoneham ME**

**Federal Credit Union**

**SWITCH KIT - SOCIAL SECURITY/SSI**

**DIRECT DEPOSITS**

Please complete and provide to your local Social Security office.

**Your Information:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security Number or Claim Number-Include suffix)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip)

\_\_\_\_\_  
(Daytime Phone)

**New Direct Deposit Information:**

**Stoneham ME Federal Credit Union**

(Name of Financial Institution)

**40 Pine Street Stoneham, MA 02180**

(Address)

**211386005**

(Stoneham ME Federal Credit Union Routing Number)

Savings Account No. \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Benefit Type:

Social Security

SSI

I certify that I am entitled to the payment identified above. I authorize my payment to be sent to the financial institution above and be deposited to the designated account.

\_\_\_\_\_  
(Authorized Signature) (Date)

Please maintain a balance in your account(s) to cover any outstanding debits and credits. **Stoneham ME Federal Credit Union** is not responsible for overdraft charges incurred for insufficient funds.



# Check Order

**Stoneham ME**

**Federal Credit Union**

**SWITCH KIT - CHECK ORDER**

Please complete and provide to a **Stoneham ME Federal Credit Union** Representative.

**\*Provide only the information you want to appear on your checks.**

**Your Information:**

\_\_\_\_\_  
(Account Owner Name)

\_\_\_\_\_  
(Joint Owner Name)

\_\_\_\_\_  
(Street Address)\*

\_\_\_\_\_  
(City, State and Zip)\*

\_\_\_\_\_  
(Phone)\*

\_\_\_\_\_  
SMEFCU Checking Account No.

\_\_\_\_\_  
(Number of Boxes)

\_\_\_\_\_  
(Starting Check Number)

I authorize **Stoneham ME Federal Credit Union** to process this check order as indicated above. I understand, unless otherwise indicated, I will receive the SMEFCU Basic Style Check. I also understand I will receive my first box of Basic Style Checks free of cost and thereafter, my account will be debited for the amount of the check order and that the appropriate funds will be available.

\_\_\_\_\_  
(Authorized Signature) (Date)

Please allow two weeks in order to process, print and mail checks. If you would like overnight or expedited delivery (at an extra charge) please indicate below.

- Overnight Delivery
- 2 business day delivery
- Please provide me with information on other check styles



**Stoneham ME  
Federal Credit Union**

**Wants to Thank You for  
Making the  
Switch!**