



It's Better At A Credit Union
Make your credit union your only choice for checking.



USPLK Employees FCU
16055 Santa Fe Trail
Leavenworth, KS 66048
913-682-2928
FAX: 913-682-2991

Why should you switch your checking account to a credit union?

Good Question. Here's your answer.

A personal relationship with your financial institution is very important. When it comes to personal attention, high-quality service, and low fees — credit unions continue to outperform other providers in the financial services marketplace. Credit unions are not-for-profit cooperatives, which means member service is our reason for being. People are worth more than money at credit unions, our actions prove it, and the American Banker/Gallup opinion poll documents it.

The annual opinion poll once again gave credit unions the highest ranking in customer satisfaction of any financial services organization. Credit unions have topped the independent consumer satisfaction ratings every year since 1989.

In addition, the poll shows that consumers give credit unions higher ratings than banks on trustworthiness. Great things to consider in today's trying financial times. Invest in a financial partner that will put people before profits.

It's Better At A Credit Union.

There is no need to struggle over the decision where to have your checking account. Your credit union is the better choice.

With lower or no monthly service charges, no minimum balance requirements and interest-bearing checking accounts, when you switch to credit union checking, you'll save more money.
We put more money in your pocket.

When you open a credit union checking account, or sharedaft account, you get access to:

- Home banking
- Unlimited check writing
- VISA Check Card or MasterMoney
- Debit Card
- Overdraft protection

That's smart checking.
Make your credit union your only choice for checking.

Consumers have given credit unions the #1 ranking in customer service satisfaction — over banks and savings and loans — for 14 years running.



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Switch It in 4 easy steps

If the only reason you haven't switched to a sharedraft account is because of the hassle of closing your old one, don't worry! Our Switch Kit has been designed to make the change from your current institution hassle-free. Follow our easy instructions and you'll be saving time and money with your new sharedraft account in no time!

Please be sure to fill out each form completely, as incomplete information may delay processing of your request.



Sharedraft Account/ATM Access Applications

Before you close your old account, make sure that your new one is open and ready for use. Complete our Sharedraft Application and ATM Application and mail it to us or drop them off at our office location.



Direct Deposit Change Notice

Use our Direct Deposit Change Notice* to notify businesses or organizations that are depositing funds into your account. Many government agencies, including Social Security, allow you to change your direct deposit over the phone. A list of agencies and their phone numbers are as follows:

Social Security - (800) 772-1213
Veteran's Administration - (800) 386-456
Army, Navy, Air Force, Marines Retirement - (800) 321-1080
Civil Service/Government Retirement - (888) 767- 6738

We recommend that you maintain accounts at both financial institutions until we receive your first direct deposit.

***IMPORTANT: Civilians and military personnel should use SF 1199A to change their direct deposit.**



Direct Payment Change Notice

Use our Direct Payment Change Notice to notify any businesses that deduct direct payments from your account or businesses that receive your payments electronically.



Account Closure Notice

Once you have changed your direct payments and direct deposits and verified that all checks have cleared your old account, you're ready to close it. Use our Account Closure Notice, and simply write a check for the balance that remains in your old account and deposit it in your new sharedraft account.

If you have any questions at any time during your account switch, please don't hesitate to call our Member Services Representative at 913-682-2928.



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Sharedraft Account Application & Agreement

- Instructions:
1. Fill out the following application completely.
 2. Enclose a check or money order made out to credit union in the amount of your opening balance.
 3. Mail your complete application and opening deposit to the address below.

Please select the type of checking account you wish to open:

Basic Share Draft

Elite Fifty

Name: _____

Joint member's name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone number: _____

Work phone number : _____

E-mail address: _____

Authorization

By signing below, I/we agree to the terms and conditions of the Account Agreement, Truth-In-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an ATM or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature: _____ Date: _____

Joint Member's Signature: _____ Date: _____

ATM Access Application



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I am applying for:

- ATM Card
- Debit Card

This is a:

- New application
- To replace a lost/stolen card
- To replace a damaged card

Member Information

Name: _____

Daytime phone number: _____

Signature: _____ Date: _____

Joint member's Information: (if applicable)

Name: _____

Daytime phone number: _____

Signature: _____ Date: _____

Authorization

Applications are subject to credit approval. If your application is approved, you'll receive your ATM or Check card in about two weeks.

When you receive your card, you'll also get a copy of the agreement relating to your rights and responsibilities as a cardholder. Please read the agreement carefully as soon as you get it. Acceptance, retention, or use of this card will constitute your concurrence with the terms of the agreement.



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Direct Deposit Change Notice

Due to a recent change in my banking relationship, my account information with you has changed. Please note the changes in my direct deposit information below.

Instructions: Complete this form and send to employer, Social Security or other benefits payor.

Personal Information

Name: _____

Name of Employer or Agency: _____

Address: _____

Previous Financial Institution

Name: _____

Address: _____

Account Number: _____

New Financial Institution

Name: _____

Address: _____

Routing Number: _____

Deposit Instructions:

Please deposit the entire amount into account number: _____

Please deposit \$ _____ into account number: _____

and the remainder into account number: _____ .

Authorization

I hereby authorize this change in direct deposit effective _____

Signature: _____ Date: _____



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Direct Payment Change Notice

Due to a recent change in my banking relationship, my account information with you has changed. Please note the changes in my direct payment information below.

Instructions: Complete this form and send to company receiving payments directly.

Personal Information

Name: _____

Name of Company Receiving Payment: _____

Address: _____

Account number/Customer number: _____

Previous Financial Institution

Name: _____

Address: _____

Account Number: _____

New Financial Institution

Name: _____

Address: _____

Account Number: _____

Routing Number: _____

Type of Account (check one) Checking Savings

Authorization

I hereby authorize this change in direct payment effective _____

Signature: _____ Date: _____



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Account Closure Notice

Due to a recent change in my banking relationship, my account information with you has changed. Please close the following accounts at your institution. Any remaining funds should be sent to the address listed below.

Instructions: Complete this form and send to current financial institution to close account.

Please close the following accounts:

Type of Account: _____ Account Number: _____

Type of Account: _____ Account Number: _____

Type of Account: _____ Account Number: _____

Type of Account: _____ Account Number: _____

Type of Account: _____ Account Number: _____

Please transfer any remaining funds to the following address:

Name: _____

Address: _____

City: _____ St: _____ Zip Code: _____

Authorization

I hereby authorize the closure of my above mentioned account and hereby state that all of my checks have cleared those applicable accounts to be closed and all direct deposits and direct payments have been stopped.

Please mail the remaining balance in my account, if any, to the address I have indicated above.

Signature: _____ Date: _____

Joint Signature (if necessary): _____ Date: _____