

Worcester Police Department Credit Union Switch Kit

“Ditch the banks, for YOUR Credit Union”



The Credit Union recognizes that changing financial institutions can be a frustrating challenge. Setting up direct deposit, setting up your payees in Bill Pay and closing your old accounts can sometimes seem tedious. We can help make the transition as smooth as possible with our easy to use Switch Kit.



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Worcester Police Department Credit Union Switch Kit

We are committed to making your switch to the Worcester Police Department Credit Union quick and simple. Just follow the steps below, fill out the forms you need, and you're ready to realize all the benefits of banking with the Credit Union. If you haven't opened your account yet, stop by the Credit Union or give us a call at 508-799-7677.

1 Getting Started

To get started, complete the Organizer Worksheet to help gather the information about your new and former checking account, your direct deposits, and your Bill Pay payees.

2 Direct Deposits (Transfer or Establish)

With today's busy lifestyles, direct deposit can save you time and allow easy access to your money. Whether it is your paycheck or other income source, knowing that your funds have arrived safely and on time gives you peace of mind. To transfer an existing City of Worcester direct deposit from your former checking account or to set up a new direct deposit complete the attached City of Worcester Direct Deposit Authorization Form and bring back to Credit Union. To transfer or establish direct deposit of other income sources fill out the attached Other Income Direct Deposit Authorization Form and give it to your employer. Please note: The initial direct deposits may not occur immediately. Please allow up to 3 pay periods for the funds to be deposited to your new checking account.

3 FREE Home Financial Banking / Online Bill Pay and setting up Payees

Always have access to your account using the Credit Unions online banking. Using the Credit Unions FREE Online Bill Pay is simply a better way to pay bills. Save money on stamps and trips to the post office. No more checks! Online Bill Pay makes it easy to control your payments and manage your account, schedule single or recurring payments in just a few steps, and you'll never worry about missing a bill or being charged late fees. Simply complete the HFS / Online Bill Pay Application and return to Credit Union to set up your Bill Pay account. For both new Bill Pay users or members who have an existing Bill Pay account from another financial institution, just fill in the fields in the attached Organizer Worksheet for all your new or existing payees and stop by the Credit Union and we will assist you in setting up your payees.

4 VISA ATM / Debit Card

Don't get stranded from your finances, have access to your finances 24 hours, 7 days a week. *FREE* unlimited transactions at the Police Headquarters ATM when using your WPDCU ATM/Debit Card. Fill out the attached ATM / Debit Card Application to sign up for an ATM Card.

5 Close your Old Account

Once you have confirmed that your direct deposit has been credited to your new checking account at the Credit Union and / or your Bill Pay payees have been set-up and have been deducted from your new checking account you should:

Make sure all outstanding check have cleared. Close your account. You can visit the branch and do this in person or you can complete the Account Closing Request and mail it in. Destroy all remaining checks, deposit tickets, ATM and debit cards for your old account.

City of Worcester Direct Deposit Authorization Form

Michael V. O'Brien
City Manager

CITY OF WORCESTER, MASSACHUSETTS

Thomas F. Zidelis
City Treasurer & Collector of Taxes

John P. Prankevicius, CPA
Chief Financial Officer

Michael D. Conrad
Assistant Treasurer & Collector

Administration & Finance
Treasurer & Collectors Division

YOUR BANK NAME: **Worcester Police Department Credit Union**

BANK ADDRESS **805 West Boylston Street, Worcester, MA 01606**

CHANGE EXISTING DIRECT DEPOSIT: NEW:

TYPE OF ACCOUNT: Checking

TRANSIT ROUTING NUMBER

2 1 1 3 8 7 1 3 0

YOUR ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--

TYPE OF DIRECT DEPOSIT: FULL AMOUNT (Net Check)
(Please check one)

PARTIAL: Amount of partial \$ _____

I hereby authorize the City of Worcester to deposit my net pay at the financial institution(s) named above. I understand that the City of Worcester may cause my account to be adjusted to the extent necessary to correct any over-deposit. I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

DATE: _____ Soc. Sec.#: _____ Contact Phone: _____

It is understood that this agreement may be terminated by me at any time by written notification to the City of Worcester. Any such notification to the City of Worcester shall be effective only with respect to entries initiated by the City of Worcester after receipt of such notification and a reasonable opportunity to act on it. Any such notification to the receiving Bank by the employee is unacceptable. The receiving Bank may terminate this agreement by written notice to the employee for just cause.

PLEASE ALLOW 2 PAY PERIODS OF TESTING PRIOR TO THE DIRECT DEPOSIT COMMENCEMENT TO VERIFY THE INFORMATION INDICATED ABOVE. DURING THE TESTING PERIODS, YOU WILL RECEIVE A PAYCHECK.

Other Income

Direct Deposit Authorization Form

Use this form to request direct deposit of your pay to your Worcester Police Department Credit Union checking account. You will need to provide this information to your employer with any other additional information and authorization they need to initiate the deposit. Please contact your employer's payroll department if you have any questions about their process.

Direct Deposit Authorization

I hereby authorize (company name) _____, to deposit my pay at the financial institution named below. I agree to hold the below named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

Employee Name

Social Security #

Address

City

State

Zip Code

Your Credit Union Name: Worcester Police Department Credit Union

Credit Union Address: 805 West Boylston Street, Worcester, MA 01606

Worcester Police Department Checking Account #: _____

Worcester Police Department Credit Union Routing #: 211387130

I further understand this authorization may be terminated by me at any time by written notification to my employer. Any such notification to my employer shall be effective only with respect to entries initiated by my employer after receipt of such notification and a reasonable opportunity to act on it.

Account Owner Signature

Date



Account Closing Request

Use this form to request that the account(s) you currently have at your former bank or credit union be closed and any remaining funds sent to you. Prior to closing your accounts, consult with your former financial institution to determine if there are any fees associated with closing your account. Please remember to keep enough funds in the account until your last check or ATM transactions have cleared. You can also visit your former financial institution to close out your accounts.

To Whom It May Concern:

Date: _____

This letter informs your that I / we would like to close the account(s) listed below. Please send a check to me at the address listed below for any remaining funds in the account(s).

If you have any questions regarding this request, please contact me at the phone number or address listed below. Thank you.

Please close the following accounts:

Checking # Account Owner(s) Name

Savings # Account Owner(s) Name

Account # Account Owner(s) Name

Please contact me if you have any questions about this request.

Address

City State Zip Code

Phone #

Thank you for processing this request immediately.

Account Owner Signature Date

Account Owner Signature Date

Online Banking / Bill Pay Sign Up Form



Request Date _____
Account Number _____
Email Address _____
First Name _____
Middle Name _____
Last Name _____
Street Address _____
City _____
State _____
Zip _____
Date of Birth (mm/dd/yy) _____

Application For: HFS Bill Payer Both

Choose your CASE SENSITIVE HFS PIN (7-15 alpha and numeric characters). Each PIN must contain at least 1 alpha and 1 numeric character. It doesn't have to be the same as your CU Password.

Member Signature: _____

Your request will be processed within two business days. Do not write your PIN down on your membership card where someone can gain access. It is your responsibility to keep your PIN private. Worcester Police Department Credit Union is not responsible for unauthorized access to your account due to unsafe precautions on your part. If you do not use your account for 90 days, Worcester Police Department Credit Union has the right to disable your account. If you wish to regain access, simply submit this completed sign up form again. By submitting this form, you agree to the conditions set forth on this page. By agreeing to the conditions of Home Financial Services you agree to receive a monthly e-statement in place of a quarterly paper statement. Worcester Police Department Credit Union has the right to request additional information for positive member identification. You must be at least 18 years old to sign up for HFS.

For WPDCU use only

Accepted By: _____

Approved By: _____

Date Submitted: _____

Menu 20 _____
ALL suffixes Run Code 2

Menu 28 _____ E Mail Add To Spreadsheet _____
Web Code: W

Menu 890 _____ Bill Payer _____

Online Banking / Bill Pay



Cheat Sheet

Once the Credit Union sets up your Online Banking and Bill Pay account use this Cheat Sheet to remember your password, security phrase / image, and Security Questions.

Account ID: _____

Online Banking Password: _____

Security Image Description: _____

Personal Phrase: _____

Home Financial Service / Online Banking Security Questions:

Question # 1

Answer # 1

Question # 2

Answer # 2

Question # 3

Answer # 3

Online Bill Pay Security Questions:

Question # 1

Answer # 1

Question # 2

Answer # 2

Question # 3

Answer # 3

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ATM / Debit Card Application



Attached is a Welcome package describing your ATM / Debit Card, Schedule of Fees, and list of SUM ATM locations.

Applicant:

Account Number(s): _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone Number: _____

Social Security #: _____

Date of Birth: _____

Employer: _____

Co-Applicant:

Name: _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone Number: _____

Social Security #: _____

Date of Birth: _____

Employer: _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fee and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means now and in the future as long as the individual is a member and/or has any outstanding obligations with the Credit Union, including preparation of a credit report by a credit reporting agency. The undersigned also grants permission for Credit Union to transfer funds in the event the he/she overdraws his/her account.

Account Owner Signature

Date

Account Owner Signature

Date

Official Use Only

Date Received: _____

Regulation E (Y/N): _____

Approved (Y/N): _____

Processed By: _____