

# Account Switch Kit



Provident Credit Union • PO Box 8007, Redwood City, CA 94063 • (650) 508-0300 • (800) 632-4600 • (650) 508-0619 fax

Thank you for choosing Provident. This switch kit will help you with the following:

- Open accounts at Provident
- Fund new account(s) with direct deposits and/or automatic transfers
- Switch automatic payments to withdraw from your new account(s)
- Close accounts elsewhere and transfer remaining funds

If you need assistance, call, visit, or contact us securely through online banking.


## Getting in Touch:

Web site.....	providentcu.org
Touch Tone Teller.....	(800) 626-0224
Call Center & Loans by Phone...	(650) 508-0300
	(800) 632-4600
After Hours Loans.....	(866) 564-9482
Send Documents by Fax.....	(650) 508-0619
CU Service Centers® Locations...	(888) CU-SWIRL
	(888) 287-9475
CO-OP® ATM Locations.....	(888) SITE-COOP
	(888) 748-3266

## Community Branch Locations:

Belmont	490 North El Camino Real
Daly City	2171 Junipero Serra Blvd., #150
Eureka	2916 Central Avenue, Ste. B
Folsom	2475 Iron Point Road, #110
Hayward	22302 Foothill Boulevard
Los Gatos	15425 Los Gatos Boulevard
Millbrae	209 Broadway Avenue
Oakland	8301 Edgewater Drive
Palo Alto	2390 El Camino Real, #110
Redwood City	1870 Broadway
Redwood Shores	210 Redwood Shores Pkwy.
San Francisco	701 Sacramento Street
San Francisco	450 Golden Gate Ave., #2-0558
San Jose	1705 East Capitol Expy., #20
San Jose	1757 Technology Drive, #10
San Mateo	2727 S El Camino Real, Ste. B
San Ramon	11030 Bollinger Canyon Rd., #190
Sunnyvale	398 W El Camino Real, #112
Walnut Creek	742 Bancroft Road

## Access your accounts through these networks:

 **CU SERVICE CENTERS.** Visit over 3,800 other credit union branches nationwide displaying the CU Service Centers® logo. Plus, there's an additional 2,200 self-service kiosks in 7-Eleven® stores.

  Enjoy **free** access at over 28,000 ATMs located at other credit unions, Bank of the West, and 7-Eleven® stores nationwide.

   Look for these ATM and point-of-sale networks (fees and surcharges will vary).



## USA Patriot Act

Pursuant to the **USA Patriot Act** (*Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism*), federal law requires all financial institutions to obtain, verify, and record information that identifies each person 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 will also ask to see your driver license or other identifying documents.

# Account Application



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**Open Provident membership and checking accounts or update existing accounts.**

- Complete and sign the form below. **Include a copy of the driver license or I.D. for all signers.**
- Choose the reason(s) for this application on the right.
- New memberships require a minimum of \$15 (\$10 enrollment fee plus a minimum \$5 initial deposit in a Membership Savings account).
- Checking accounts must have enough funds on deposit to cover check orders.
- Fund the account(s) by transferring funds from your Provident account; or include a check (payable to Provident Credit Union), an automatic transfer form, or a direct deposit form.
- Mail to the address above (attention: Account Services), fax\* to (650) 508-0619, or drop off at any Provident community branch.

## Primary Owner

Member Number (existing members) \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	M.I.	Birth Date
_____	_____	_____	_____
Social Security Number	I.D./Driver License Number	State	Expiration Date
_____	_____	_____	_____
Mother's Maiden Name	Eligibility (Name of community, association, employer, or family member)		
_____	_____		
Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	
_____	_____	_____	
E-Mail Address (Super Reward and Youth Checking requirement)		Name of Beneficiary (if no joint owner, or upon death of both owners)	
_____		_____	
Employer	Job Title		
_____	_____		
Employer Address	City	State	Zip
_____	_____	_____	_____

## Joint Owner

_____	_____	_____	_____
Last Name	First Name	M.I.	Birth Date
_____	_____	_____	_____
Social Security Number	I.D./Driver License Number	State	Expiration Date
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	
_____	_____	_____	
E-Mail Address	Mother's Maiden Name		
_____	_____		
Employer	Job Title		
_____	_____		
Employer Address	City	State	Zip
_____	_____	_____	_____

## Signatures (Include a copy of the driver license or I.D. for all signers.)

By signing below, I certify, in accordance with IRS W-9 instructions under penalties of perjury, that the Social Security Number/Taxpayer Identification Number on this application is correct and that I am not, unless designated below, subject to back-up withholding. Unless designated below, I affirm that I have not been notified that I am subject to back-up withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to back-up withholding.  I am subject to back-up withholding

By signing below, I/we acknowledge receipt of Provident's Master Disclosure and Service Charge Schedule or acknowledge copies will be mailed to me/us and agree to their terms and conditions. This authorizes Provident to do an independent credit review, including the verification of my employment history, and obtaining credit reports now and in the future. Provident will also review all signers through ChexSystems. Provident has the right to furnish other credit reporting services with information about my credit. Note: the IRS does not require your consent to any provisions of this document other than the certifications required to avoid back-up withholding.

\* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X \_\_\_\_\_  
Primary Member Signature Date

X \_\_\_\_\_  
Joint Owner Signature Date

**Credit Union Use Only:**

Member Number \_\_\_\_\_

SC CS ID EV \_\_\_\_\_

Approved By \_\_\_\_\_

## Update My Account:

- Add Joint Owner
  - Remove Joint Owner
  - Address Change
  - Phone Number Change
  - Name Change
- Include a copy of driver license, I.D., or marriage certificate.*

## Account(s) to Open:

- Membership Savings** – \$5 minimum deposit plus \$10 enrollment fee to establish your membership.
- Checking Account** – \$25 minimum initial deposit.
  - Super Reward Checking
  - Simply Free Checking
  - Provident Checking
  - Mortgage Checking
  - College Checking

### Checking Options:

- Free Visa Check Card:
  - You  Joint Owner
 If no, then ATM card:
  - You  Joint Owner
- Checks:
  - Yes  No
 In addition to my name (as it is on file at Provident), print my checks with:
  - Phone Number
  - Joint Owner Name

- e-Documents:
 

*Email address required. Includes electronic account notices and statements. Super Reward Checking requirement.*

  - Yes  No

- Overdraft Protection:
  - Yes  No

If "yes," place a number next to the account (if applicable) to indicate the order you prefer to have the funds drawn:

Order # _____	Joint Owner Initial _____
_____ Membership Savings _____	
_____ Provident Visa _____	
_____ VIP Line of Credit _____	
_____ Other Checking _____	

\* Some accounts have transaction restrictions, finance charges, and fees associated with this type of overdraft transaction. Refer to the terms and conditions of the account.

## Fund Account(s):

\$ \_\_\_\_\_  
Amount to Membership Savings

\$ \_\_\_\_\_  
Amount to Checking

- Check enclosed
- Automatic Transfer form
- Direct Deposit form
- From my Provident account:

\_\_\_\_\_ Account Number (include 2 digit suffix)

# Direct Deposit Set Up



Provident Credit Union • PO Box 8007, Redwood City, CA 94063 • (650) 508-0300 • (800) 632-4600 • (650) 508-0619 fax

## Authorization to deposit the net amount or a portion of your pay or benefits check.

- Complete and sign the form.
- Give this form to your employer or organization that sends or deposits your pay.
- **If you do not have your Provident account number(s):** Mail to the address above (attention: Account Services), fax\* to (650) 508-0619, or stop by any Provident community branch.

### Note

Some employers and organizations may require you to use their own forms instead of this one.

If you are receiving a periodic **federal check** (such as monthly Social Security benefits), you can apply online for direct deposit through Go Direct, a U.S. Government Web site.

## Personal Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	

## Employer/Organization Information

_____			
Employer/Organization Name			
_____	_____	_____	_____
Address (where payroll department is located)	City	State	Zip
_____	_____	_____	_____
Phone Number	Extension (payroll department)		

## Deposit Funds To Provident:

_____	_____	\$ _____
Account # (Member # + 2 Digit Account Suffix)	Account Description	Amount
_____	_____	\$ _____
Account # (Member # + 2 Digit Account Suffix)	Account Description	Amount
_____	_____	\$ _____
Account # (Member # + 2 Digit Account Suffix)	Account Description	Amount
_____	_____	\$ _____
Account # (Member # + 2 Digit Account Suffix)	Account Description	Amount

Funds will be deposited into your account(s) the day they are received. Initial distribution may differ from above in order to fund newly opened accounts, as indicated on your account application.

It may take several pay cycles to complete the process. Your employer/organization may require additional forms.

**Attention payroll or originating institution:** Please use **routing number 321171731** and the account number with no spaces or dashes.

### ◀ Help

Indicate the accounts into which you want your funds distributed **each pay period** (e.g. Checking, Savings, Accumulator).

Enter the amount(s) you want deducted from your check

For full check deposit, enter the word "Net" onto the "Amount" line. Or, for multiple accounts, the account which should receive the balance of your proceeds (e.g. "Net" to Checking, "\$100" to Savings).

## Signature

**To Employer/Organization:** You are hereby authorized to forward the above amount to Provident Credit Union, for deposit to my account(s) as indicated above. This authorization shall stay in effect until I request a change in writing.

*\* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.*

X	_____
Signature	Date

# Automatic Transfer/Payment Set-Up



Provident Credit Union • PO Box 8007, Redwood City, CA 94063 • (650) 508-0300 • (800) 632-4600 • (650) 508-0619 fax

**Fund accounts automatically from your other Provident accounts or elsewhere.**

- Complete and sign the form.
- Mail to the address above (attention: Account Services), fax\* to (650) 508-0619, or drop off at any Provident community branch.

## Transfer Funds From:

1 Provident Credit Union \_\_\_\_\_  
 or \_\_\_\_\_  
 Account Number (Member Number + 2 Digit Account Suffix)

2 \_\_\_\_\_  
 Financial Institution Name

\_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_  Savings  Checking

Check with your financial institution for your local routing number. If you have checks, the routing number is located at the bottom between the **Ⓜ** symbols.

Account # \_\_\_\_\_  
 Routing # \_\_\_\_\_

Check  
 \_\_\_\_\_  
 \_\_\_\_\_

## Initial Deposit Requirements:

- New memberships require a minimum of \$15 (\$10 enrollment fee plus a minimum \$5 initial deposit in a Membership Savings account).
- Checking accounts require a minimum \$25 initial deposit and must have funds on deposit if ordering checks.
- For all other accounts, see rate sheet.

## Transfer Funds To Provident:

**A** \_\_\_\_\_ \$ \_\_\_\_\_  
 Account # (Member # + 2 Digit Account Suffix) Account Description Amount

From account:  #1 (Provident)  #2 (Other)  One time  Monthly  Twice a month  Weekly

Start date: \_\_\_\_\_ If twice a month, second transfer date in month: \_\_\_\_\_

**B** \_\_\_\_\_ \$ \_\_\_\_\_  
 Account # (Member # + 2 Digit Account Suffix) Account Description Amount

From account:  #1 (Provident)  #2 (Other)  One time  Monthly  Twice a month  Weekly

Start date: \_\_\_\_\_ If twice a month, second transfer date in month: \_\_\_\_\_

**C** \_\_\_\_\_ \$ \_\_\_\_\_  
 Account # (Member # + 2 Digit Account Suffix) Account Description Amount

From account:  #1 (Provident)  #2 (Other)  One time  Monthly  Twice a month  Weekly

Start date: \_\_\_\_\_ If twice a month, second transfer date in month: \_\_\_\_\_

Note: If the transfer date falls on a holiday or weekend, the funds will post on the business day after your scheduled day. Fixed payments will continue until you request to have it stopped.

## Personal Information

\_\_\_\_\_  
 Member Number (existing members)

\_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_  
 Social Security Number \_\_\_\_\_ I.D./Driver License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_  
 E-mail Address \_\_\_\_\_

## Signature

By signing below, I authorize Provident Credit Union to transfer funds from my account at Provident and/or at the financial institution indicated above. This transfer will be completed electronically and takes approximately 1-3 days to receive the funds.

\* Faxed documents/signatures are considered as legally binding as original documents/signatures and shall be sufficient unless originals are required by a third party.

X \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

# Automatic Payment Switch



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## Authorization to change withdrawal account.

### ATTN Provident Member

- Complete and submit this form to any business that is automatically withdrawing payments from your other financial institution.
- **New members:** Please wait until you have your account number before submitting this form.

### My Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Indicate any other information the business below may need to identify you.

### Business Information

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Payment Amount (indicate if variable)

### Businesses you may need to submit this form to:

- Utility company
- Phone company
- Internet service provider
- Credit card company
- Insurance company
- Cable or satellite TV
- Auto loan provider
- Mortgage company
- Brokerage
- Fitness Club

### Withdraw Funds From this Account:

**Provident Credit Union**  
**PO Box 8007, Redwood City, CA 94063**  
**321171731**  
Routing Number

\_\_\_\_\_  
Account # (Member # + 2 Digit Account Suffix)

### Signature

**To the business listed above:** Effective immediately, please use this new account to process my automatic withdrawal until further notice.

X \_\_\_\_\_  
Signature Date

# Request to Close Account



Provident Credit Union • PO Box 8007, Redwood City, CA 94063 • (650) 508-0300 • (800) 632-4600 • (650) 508-0619 fax

**Authorization to close accounts at financial institutions and transfer funds.**

### ATTN Provident Member

- Once all checks have cleared and automatic payments/transfers have been switched to your new Provident account, submit this form to your former financial institution.
- **New members:** Please wait until you have your account number before submitting this form.

### My Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Phone
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Social Security Number	Driver License/I.D. Number	State	Expiration Date

### Account Information

_____			
Financial Institution Name			
_____	_____	_____	_____
Address	City	State	Zip
_____	_____		
Account Number	Account Type		
_____	_____		
Account Number	Account Type		
_____	_____		
Account Number	Account Type		

### Transfer Remaining Funds to Provident:

**Provident Credit Union**  
**PO Box 8007, Redwood City, CA 94063**  
**321171731**  
Routing Number

\_\_\_\_\_  
Account # (Member # + 2 Digit Account Suffix)

### Signature

**To my financial institution listed above:** You are hereby authorized to close my account(s) listed above and transfer the remaining funds to my account at Provident Credit Union.

X	_____
Signature	Date