



Fire your bank

This kit makes it easy to change financial partners

BEGIN >



Fire Your Bank Kit

step 1: Click [here](#) to become a member and open your account(s). Non-members only, current members can open new accounts by logging in to NetBranch.

If you're not comfortable applying for membership online, please stop by one of our branches or give us a call at (866) 511-4011.

step 2: Collect your information to start the firing process.

Get together the following items:

- Your member number from step 1 (This number will be supplied within one business day of your membership.)
- Information about any automatic withdrawals which currently come out of your existing checking account
- Account numbers from your previous financial institutions

step 3: Fill out the worksheet on the next two pages

step 4: Print it out!

Look over your entries carefully, paying special attention to account numbers. Once you are satisfied everything on the worksheet is correct and complete, print it out.

NOTE: Due to limitations in the Adobe Reader software, you will be unable to save your work. Once you've closed the file, all the information you've entered will be gone.

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step 5: Cut apart the forms

You will notice that there are several forms that have been automatically filled out from the information on your worksheet. Cut apart any forms for services you wish to use, and attach any documentation requested on the form.

step 6: Sign the forms!

Do not forget to sign each form where indicated!

step 7: Mail them to Members Credit Union

Mail the forms to us, or drop them off at one of our branches, and we will take care of the rest!

Members Credit Union
ATTN: Fire Your Bank Kit
827 N Main Street
Cleburne, TX 76033

Members Credit Union
ATTN: Fire Your Bank Kit
1024 SW Alsbury Blvd
Burleson, TX 76028

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**MEMBERS
CREDIT UNION**
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Type of account: Individual Joint

Primary account holder name _____

Mailing address _____ City/State/Zip _____

Physical address _____ City/State/Zip _____

Home phone () _____ Work phone () _____

Email _____

Date of birth _____ Soc. Sec. # - - _____

Joint account holder name _____

Mailing address _____ City/State/Zip _____

Physical address _____ City/State/Zip _____

Home phone () _____ Work phone () _____

Email _____

Date of birth _____ Soc. Sec. # - - _____

Members Credit Union Account Number _____

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PREVIOUS FINANCIAL INSTITUTIONS

1 Previous financial institution _____ Previous account # _____

2 Previous financial institution _____ Previous account # _____

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MEMBERS CREDIT UNION
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CURRENT AUTOMATIC DEBITS

If you have automatic payments (debits) taken from your account, use this worksheet to change them.

1 Name _____	Payee name _____
Payee address _____	City/State/Zip _____
Payee account # _____	Effective date of automatic payment change: _____
2 Name _____	Payee name _____
Payee address _____	City/State/Zip _____
Payee account # _____	Effective date of automatic payment change: _____
3 Name _____	Payee name _____
Payee address _____	City/State/Zip _____
Payee account # _____	Effective date of automatic payment change: _____

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DIRECT DEPOSIT

Employer _____

Effective date of automatic payment change: _____

Payroll no. (if applicable) _____

Initial authorization Change in authorization

Payroll period Weekly

Biweekly

Monthly

Semi-monthly

Employer Address _____

I authorize Members Credit Union to deposit my net check into the indicated account:

- Share Draft/Checking
- Share/Savings
- Money Market

NOTE: To specify direct deposits of varying amounts to multiple accounts, sign up for free NETBRANCH online banking at the conclusion of this form.

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**MEMBERS
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PRINT AND FINALIZE

GET MORE CONVENIENT SERVICES

[Enroll in NETBRANCH FREE](#)

[Enroll in REALTIME BILL PAY FREE](#)

[Apply for credit](#)

[Change your social security direct deposit](#)



MEMBERS
CREDIT UNION
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CLOSE ACCOUNT AUTHORIZATION

Primary member name _____

Soc. Sec. # _____ - _____ - _____ Home phone (____) _____

Joint member name _____

Soc. Sec. # _____ - _____ - _____ Home phone (____) _____

Mailing address _____

City/State/Zip _____

MCU acct # _____

Routing & transit #311978290

Transfer from _____

Account # _____

Effective immediately, I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to my account at Members Credit Union, as indicated at left of this form. I have notified all parties authorized to draw against this account to cease doing so.

Signature(s) to authorize transfer:

signature

date

joint signature

date

Please send my remaining balance to my credit union address on the bottom of this form.

MEMBERS
CREDIT UNION

827 North Main Street Cleburne, TX 76033

✂ Cut Here

CLOSE ACCOUNT AUTHORIZATION

Primary member name _____

Soc. Sec. # _____ - _____ - _____ Home phone (____) _____

Joint member name _____

Soc. Sec. # _____ - _____ - _____ Home phone (____) _____

Mailing address _____

City/State/Zip _____

MCU acct # _____

Routing & transit #311978290

Transfer from _____

Account # _____

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Signature(s) to authorize transfer:

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date

joint signature

date

Please send my remaining balance to my credit union address on the bottom of this form.

MEMBERS
CREDIT UNION

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✂ Cut Here



AUTOMATIC DEBIT CHANGE

Name _____
Soc. Sec. # _____ - _____ - _____ Home phone (____) _____
Mailing address _____
City/State/Zip _____
MCU acct # _____
Routing & transit # 311978290

Payee name _____
Address _____
City/State/Zip _____
Account/policy # _____

The individual named at left has opened an account with Members Credit Union. Effective _____ all payments for the above account or policy at your organization should be automatically debited from the account information shown at left on this form.

Signature to authorize transfer:
_____/_____/_____
signature date

MEMBERS CREDIT UNION

827 North Main Street Cleburne, TX 76033

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AUTOMATIC DEBIT CHANGE

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Soc. Sec. # _____ - _____ - _____ Home phone (____) _____
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signature date

MEMBERS CREDIT UNION

827 North Main Street Cleburne, TX 76033

DIRECT DEPOSIT employer copy

Member _____

Member acct. no. _____

Employer _____

SSN/TIN _____

Effective date of automatic payment change: _____

Payroll no. (if applicable) _____

Home phone (____) _____ Work phone (____) _____

Routing & transit # 311978290

Initial authorization Change in authorization

I hereby authorize my Employer to deposit my net paycheck into the credit union accounts below for each payroll period following receipt of this Authorization until further notice from me. If I fail to cancel this authorization upon filing for bankruptcy, my Employer and the Credit Union are directed to make and apply deductions in accordance with this Authorization.

Payroll period Weekly
 Biweekly
 Monthly
 Semi-monthly

_____/_____/_____
signature date

I authorize Members Credit Union to deposit my net into the indicated account:

- Share Draft/Checking
- Share/Savings
- Money Market

Employer Address _____

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