

# No-Fee Switch Kit

Make the Switch to FREE Century Checking: Complete the forms and we'll do the rest!  
Bring the completed forms into our office, or fax to 314-544-2004. Don't forget the Checking App on Page 2

Change Notification  
Direct Deposit

Change Notification  
Automatic Payment

Change Notification  
Automatic Payment

Closure Notification  
of Checking Account

## Closure Notification of Checking Account

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Previous Account No. \_\_\_\_\_

Address \_\_\_\_\_

Please close my account and send the entire account balance to Century Credit Union at the address listed below.

Signature X \_\_\_\_\_ New Century Account No. \_\_\_\_\_



Routing No: 281081000 • Phone: 314-544-1818  
1540 Lemay Ferry Rd., St. Louis, MO 63125

## Automatic Payment Change Notification

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Company to Receive Payment \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Company Address \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Previous Account No. \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize a change in Automatic Payment from the institution listed above to Century Credit Union at the address listed below.

Signature X \_\_\_\_\_ New Century Account No. \_\_\_\_\_



Routing No: 281081000 • Phone: 314-544-1818  
1540 Lemay Ferry Rd., St. Louis, MO 63125

## Automatic Payment Change Notification

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Company to Receive Payment \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

Company Address \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Previous Account No. \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize a change in Automatic Payment from the institution listed above to Century Credit Union at the address listed below.

Signature X \_\_\_\_\_ New Century Account No. \_\_\_\_\_



Routing No: 281081000 • Phone: 314-544-1818  
1540 Lemay Ferry Rd., St. Louis, MO 63125

## Direct Deposit Change Notification

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Previous Financial Institution \_\_\_\_\_ Previous Account No. \_\_\_\_\_

Address \_\_\_\_\_

I hereby authorize a change in Direct Deposit from the institution listed above to Century Credit Union at the address listed below.

Signature X \_\_\_\_\_ New Century Account No. \_\_\_\_\_



Routing No: 281081000 • Phone: 314-544-1818  
1540 Lemay Ferry Rd., St. Louis, MO 63125

# Century Checking Application Telecheck Approval # \_\_\_\_\_

Select one: Checks begin at \_\_\_\_\_ #501 or \_\_\_\_\_ at # \_\_\_\_\_ (fill in desired number)

Name: \_\_\_\_\_ Second Name (if joint): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone (if desired on checks): \_\_\_\_\_ License No. (if desired on checks): \_\_\_\_\_

## Overdraft Protection

Your checking account is automatically protected against overdrafts (bounced checks) by the funds available — minus par value (\$25) — in your regular share account. Qualified members with accounts in good standing after 90 days are also automatically protected by Overdraft Protection, which covers each incidence of insufficient funds (up to a \$400 limit) for a fee. Qualified members can also apply for an Overdraft Line-of-Credit Loan to cover overdrafts which may occur. To request this option, complete the mini-app below. Your signature indicates your desire for an Overdraft LOC and authorizes the Credit Union to obtain a credit report in connection with this application. We will inform you if your Overdraft LOC application is approved.

### Loan Application

Employer: \_\_\_\_\_ Years There \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_

Monthly Mortgage/Rent \$ \_\_\_\_\_ Signature  \_\_\_\_\_ Date \_\_\_\_\_

(Instruction to Signer: Cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out Item 3 and complete a W-8BEN if you are not a U.S. person).

**Certification as to Taxpayer Identification Number and Backup Withholding:** Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

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

## Checking Agreement With Overdraft Transfer Clause

I/We hereby authorize Century Credit Union (the Credit Union) to establish this Checking Account for me/us. The Credit Union is authorized to pay checks signed by me (or by any of us) and to charge all such payments against the shares in this Account.

It is further agreed that:

- a) Only methods approved by the Credit Union may be used to make withdrawals from this Account.
- b) The Credit union is under no obligation to pay a check that exceeds the fully paid and collected balance in this account; the Credit Union may, however pay such checks and transfer shares to this account in the amount of the resulting overdraft plus a service charge, from any other regular share account from which any of the under-signed is then eligible to withdraw shares. — or —  
The Credit Union may treat such checks as a request to the Credit Union for an Overdraft Protection, in which the Credit Union covers the insufficient funds for a fee, and the member repays the Credit Union for the amount covered and the fee within 21 days, by depositing funds to bring the account current. — or —  
The Credit Union may treat such checks as a request to the Credit Union for an advance from the loan account (if identified on this card) sufficient to permit the Credit Union to pay such check and credit the loan advance to this account.
- c) The Credit Union may pay a check on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the check.
- d) When paid, checks become property of the Credit Union and will not be returned either with the periodic statement of the Account, or otherwise.
- e) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or nonpayment of a check.
- f) Any objection respecting any item shown on a periodic statement of this Account is waived unless made in writing to the Credit Union before the end of 60 days after the statement is mailed.
- g) The Account is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws.
- h) The Account is subject to such other terms, conditions, and service charges as the Credit Union may establish from time to time.
- i) If this Agreement is signed by more than one person, the persons signing below shall be the joint owners of this Account which, in that event, shall be subject to the additional terms and conditions listed below.\*
- j) This Account is subject to the Credit Union's right to delay funds deposited by check. Depositors will be notified at the time of deposit if a hold was placed and when funds will be available.
- k) Written authorization from the account holder is required for any stop payment request initiated by the account holder.
- l) This account is subject to the Credit Union's lien rights on all shares and deposits to the extent of any obligations due to the Credit Union and has the right to offset against the shares and deposits of a member for any obligation.
- m) I/We have received Century Credit Union's Truth-in-Savings information pamphlet, which includes Funds Availability Information, and understand that funds may not be immediately available for withdrawal.

### \*Additional Terms and Condition (Joint Share Agreement)

The Credit Union is hereby authorized to recognize any of the signatures subscribed on this form hereof in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with accumulations thereon, are and shall be owned by them jointly, with right of survivorship, and be subject to the withdrawals or receipt of any of them and payment to any of them or the survivor or survivors shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transaction theretofore made.

Dated \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Member Signature  \_\_\_\_\_

Social Security No. \_\_\_\_\_

Joint Owner Signature  \_\_\_\_\_

Social Security No. \_\_\_\_\_

Joint Owner Signature  \_\_\_\_\_

Social Security No. \_\_\_\_\_