



FEDERAL CREDIT UNION

SWITCH KIT

# SCIENCE PARK FEDERAL CREDIT UNION MEMBERSHIP APPLICATION

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E MAIL (IF APPLICABLE) \_\_\_\_\_

COMPANY NAME (ELIGIBILITY) \_\_\_\_\_

**Please fill out the information and forward a copy by mail, fax, or email. A Member Service Representative will send the required documentation needed to start an account with the Credit Union.**

**MAIL:**

Science Park Federal Credit Union

2 Amity Rd.

New Haven, CT. 06515

PHONE: 203-786-5885

FAX: 203-786-5886

EMAIL: [SCIENCEPARKFCU@SCIENCEPARKFCU.ORG](mailto:SCIENCEPARKFCU@SCIENCEPARKFCU.ORG)



PAYROLL DIRECT DEPOSIT FORM

I authorize my employer to make payment of any amount of payroll to:

Science Park Federal Credit Union

ABA: 211178242

Account number \_\_\_\_\_

Circle      Savings      Checking

Deposit Amount (Pick one)      Entire Check    Y/N      \_\_\_\_\_

Percentage of Net      \_\_\_\_\_ %

Flat Amount per check      \$ \_\_\_\_\_

I understand that this authorization may be used for any reversals in payroll that were made in error. This authorization will remain in effect until the company receives written notice from me.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## AUTOMATIC PAYMENT CHANGE REQUEST FORM

Complete for each company that you currently have payments automatically withdrawn from your old account.

To whom it may concern;

I have recently changed bank accounts and would like to set up new payment information.

Please accept this letter as authorization to change my automatic payment from my old

Account to the new account listed below.

Company \_\_\_\_\_

Account number with company \_\_\_\_\_

Amount of payment \_\_\_\_\_

Previous Financial institution: \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

New Financial Institution : Science Park Federal Credit Union

Routing number: 211178242

Account number \_\_\_\_\_

Circle:      Savings                      Checking



ACCOUNT CLOSING FORM

Please close the following bank account:

Bank Name \_\_\_\_\_

Account number to be closed \_\_\_\_\_

Name(s) on account \_\_\_\_\_

Effective date of closure \_\_\_\_\_

Any remaining balance in the account as of the date above should be mailed to me at the following address:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Thank you,

Signature \_\_\_\_\_