

# Make the Switch!.....

**H**ave You Switched to Montauk Checking (Share Draft) Account yet? Stop paying all those fees! If you're already a Montauk member you can use this this convenient Switch Kit to make changing your Checking Relationship a simple process!

Here are all the forms you need to close out your old checking account and switch to a Montauk Checking Account.

- |   |  |
|---|--|
| <b>Montauk Checking (Share Draft) Application</b> | Apply for Montauk's Free Checking (Share Draft) Account with this application.   |
| <b>Account Closing Letter</b>                     | Notify your old bank of the accounts you are closing and tell them how to disburse any remaining funds.  |
| <b>Automatic Payment Transfer Letter</b>          | Send this letter to each of your vendors (i.e. Visa Card, Health Club, etc.) to transfer any automatic payments from your old account to your new Montauk account.   |
| <b>Automatic Payment Cancellation Letter</b>      | Use this letter to send to each of your vendors (i.e. Visa Card, Health Club, etc.) to cancel any automatic payments from your old account.  |
| <b>Direct Deposit Application</b>                 | Use this form to sign up for first time direct deposit of your payroll into your Montauk Credit Union checking account or to change your direct deposit from your old account(s) to your new Montauk account(s). This form should be returned to your employer's Human Resources office, as well as a copy to Montauk. |

### \*\*\*Important\*\*\*

There is a chance that you may not qualify for a Montauk Checking Account. Please do not submit any forms other than the Montauk Checking (Share Draft) application until your new checking account is opened. Please note: You must have a Montauk Savings (Share) Account in order to open a Montauk Checking Account.



**Montauk Credit Union**

# Make the Switch!.....

## Account Conversion Checklist

*Keep this helpful checklist handy. Check the boxes as each task is completed.*

- Complete the checking account application for Montauk Credit Union.
- Make sure all checks have cleared your existing checking account before closing.
- Make sure that enough funds are available in your account to cover any automatic payments that may be withdrawn.
- Send written notice to the financial institution that you are closing the account. Use the Account Closing Request Letter.
- Send written notice to your direct deposit vendors (payroll, social security, CD interest payments, etc.) of the change in relationship. Use the Direct Deposit Application to sign up for new or change your existing Direct Deposit.
- Send written notice to your vendors who automatically take your payments from your checking account (utilities, insurance companies, internet service providers, credit cards, etc.) that you are closing the account. Use the Automatic Payment Cancellation Letter or the Automatic Payment Transfer Letter..

# Montauk Checking (Share Draft) Account Application

Basic Checking (Share Draft) Accounts are a sub account and will bear the same account number as your regular share account. It will be considered suffix 0 (zero). Savings (Share) Account and Checking Account must read the same. If you want your Checking to read differently, you must open a new Savings Account (for signature purposes).

## Instructions for Opening a Basic Checking (Share Draft) Account

Complete the Checking Account Application. Mail/Deliver to 111 West 26th Street, New York, NY 10001, or Fax to 212-989-0483. Once we receive the completed application, please allow approximately 7-10 business days for delivery of checks. If you have any questions or need help completing this application, please call our office at (212) 989-5200.

### **\*\*You must answer the following questions\*\***

- 1) Do you want your address printed on your checks?  
 Yes  No
- 2) Do you want Overdraft Protection?  
 Yes  No

### ***I/We hereby acknowledge that the credit union has informed me of the following:***

- Yes  No The Credit Union's policy concerning the hold period placed on funds deposited.
- Yes  No The Credit Union's stop-payment policy.
- Yes  No The Credit Union's policies concerning its liens on shares

## Primary Owner Information

|               |                      |                   |
|---------------|----------------------|-------------------|
| Full Name     | Share Account #      | Social Security # |
| Address       | Apt/Flr/Ste          | City/State/Zip    |
| Home Phone    | Work Phone           | Email             |
| Date of Birth | Mother's Maiden Name |                   |
| Employer      | Occupation           |                   |

## Joint Owner Information

|            |                              |                |
|------------|------------------------------|----------------|
| Full Name  | Social Security # or Tax ID# | Date of Birth  |
| Address    | Apt/Flr/Ste                  | City/State/Zip |
| Home Phone | Work Phone                   |                |
| Employer   | Occupation                   |                |

Mother's Maiden Name      Relationship to Primary Owner

### **Sign Here**

*I/We have read the standard disclosure statement and hereby subscribe to the terms of the Basic Share Draft Account both of which appears on the reverse of this page.*

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

**For Office Use Only:**      Date Opened \_\_\_\_\_ Check Digit \_\_\_\_\_ Teller ID \_\_\_\_\_ M790 \_\_\_\_\_ Checks Ordered \_\_\_\_\_

### Basic Checking (Share Draft) Account Agreement with Overdraft Transfer Clause

I/We hereby authorize the Montauk Credit Union to establish a special account for me/us to be known as the "BASIC SHARE DRAFT ACCOUNT". The Credit Union is authorized to pay share drafts signed by anyone whose signature appears on this agreement and to charge the payments against this BASIC SHARE DRAFT ACCOUNT;

If is further agreed that:

- a) Only share drafts and other methods approved by the Credit Union may be used for withdrawals for this BASIC SHARE DRAFT ACCOUNT;
- b) The Credit Union is under no obligation to pay a share draft which exceeds the fully paid and collected balance in this BASIC SHARE DRAFT ACCOUNT, or a share draft on which the date is more than six months old;
- c) The Credit Union is under no obligation to pay a share draft which exceeds the balance in this BASIC SHARE DRAFT ACCOUNT, the Credit Union will follow the Overdraft Option, if chosen, to pay the draft. If sufficient funds are still not available, the share draft(s) will be returned unpaid for Insufficient Funds and a service charge will be assessed;
- d) The Credit Union may pay a share draft on whatever day it is presented for payment, notwithstanding the date (or any limitation on the time of payment) appearing on the share draft;
- e) When paid, share drafts become the property of the Credit Union and will not be returned either with the periodic statement of this BASIC SHARE DRAFT ACCOUNT or otherwise;
- f) There will be no more than 3 electronically initiated share transfers per month from any regular share account to this BASIC SHARE DRAFT ACCOUNT;
- g) Except for negligence, the Credit Union is not liable for any action it takes regarding the payment or non-payment of a share draft;
- h) Any objection regarding any item shown on a monthly statement of this BASIC SHARE DRAFT ACCOUNT will be waived unless made in writing to the Credit Union on or before the end of 60 days after the statement is mailed;
- i) This BASIC SHARE DRAFT ACCOUNT is subject to the Credit Union's right to require advance notice of withdrawal, as provided in its bylaws;
- j) All non-cash deposits to this BASIC SHARE DRAFT ACCOUNT will be credited subject to final payment;
- k) This BASIC SHARE DRAFT ACCOUNT shall be subject to service charges in accordance with the fee schedules adopted by the Credit Union from time to time;
- l) Any shares in this BASIC SHARE DRAFT ACCOUNT may not be used as collateral for a loan. Any funds desired as security must be transferred to a regular share account;
- m) In considering this application, the Montauk Credit Union may request and use a report from outside reporting agencies. If you request it, the Credit Union will tell you whether or not we asked for such a report and if we have, the name and address of the agency or agencies;
- n) The use of this BASIC SHARE DRAFT ACCOUNT is subject to such other terms, conditions, and requirements as the Credit Union may establish from time to time;
- o) The Credit Union reserves the right to close this account; and
- p) If signed by more than one person, this agreement is subject to additional terms and conditions of any joint share account agreement that applies to a share account in our joint names; or if there is no such agreement, this agreement is subject to the additional terms and conditions printed below.

#### STANDARD DISCLOSURE STATEMENT - BASIC SHARE DRAFT ACCOUNT

Basic Share Draft Accounts in this Credit Union are subject to the requirements below and such other terms and conditions as contained in this BASIC SHARE DRAFT ACCOUNT AGREEMENT and established by the Board of Directors. The Credit Union reserves the right to change this account to another type of account without the member's approval if, in the Credit Union's judgement, the change is not adverse to the member. The Credit Union will notify the member at least 30 days before the change is effected. If the Credit Union determines that a change to another type of account would be adverse to the member, the change will not be made without the member's approval.

#### Joint Share Account Agreement

The Credit Union is hereby authorized to recognize any of the signatures on the basic share draft application in the payment of funds or the transaction of any business for this account. The joint owners of the account hereby agree with each other and with the Credit Union that all sums now, previously, or in the future paid in on shares by any or all joint owners to their credit such as joint owners, are and shall be owned by them jointly, with the right of survivorship, and be subject to the withdrawal 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(s) previously made.

#### COSTS TO MEMBERS:

Supply of Share Drafts (Checks) . . . . . determined by design  
Return Check Charge . . . . . \$10.00 per draft  
Stop Payment . . . . . \$5.00 per draft  
Copy of Cleared Draft . . . . . \$2.00 per draft  
Certified Draft . . . . . \$5.00 per draft  
Copy of Statement . . . . . \$5.00 per page  
Automatic Overdraft Transfer . . . (MAXIMUM of three (3) per month, includes MON-TALK transfers & withdrawals) . . . . \$5.00 per draft  
Assistance in Balancing Account . . . . . None first time....\$20.00 first hour, \$5.00 each additional hour.

**CHECK SUPPLY:** Each member will receive an initial supply of 50 checks at no charge. After that, checks may be ordered by mailing the reorder form to the credit union. The cost for the check supply will be charged against your checking account.

**STATEMENTS:** Members will receive a monthly statement. Please reconcile your account on a monthly basis.

**PAID CHECKS:** These checks will have a unique feature - a carbonless copy that you can use as a permanent record. Paid checks will not be returned to you but will be microfilmed and stored for seven (7) years at our central clearing house. If necessary, a microfilm copy may be obtained at a charge of \$2.00.

**OVERDRAFT PROTECTION:** When there are sufficient funds to honor a check, we will try to cover the check by withdrawing sufficient funds from your regular share account. If you desire this service, please advise us at the time of application. Any transfers from shares are limited to three (3) a month and there will be a \$5.00 charge for each transfer.

**CHECK HOLDS:** Please refer to our "Funds Availability Disclosure".

**MISCELLANEOUS:** Members should use extreme caution in using their checking accounts. If checks become lost or stolen, the credit union should be notified immediately so that protective action may be taken.

**No member may have a checking account only. Applicants must be at least 18 years of age. The credit union reserves the right to close any account that has three (3) returned checks within a one (1) month period.**

**PLEASE CONTACT THE CREDIT UNION IMMEDIATELY  
IF SHARE DRAFTS ARE LOST OR STOLEN.  
ABA # 226074658**

## **ELECTRONIC FUND TRANSFERS YOUR RIGHTS AND RESPONSIBILITIES**

Indicated below are types of Electronic Fund transfers we are capable of handling, some of which may not apply to your account. Please read this disclosure carefully because it tells you your rights and obligations for the transactions listed. You should keep this notice for future reference.

**Home Banking Computer Transfers - types of transfers and charges** - You may access your account(s) by computer through the internet by logging onto our web site at [www.montauk-cu.com](http://www.montauk-cu.com) and using your identification number and password, to:

- transfer funds from share draft to share draft or share account(s)
- transfer funds from share to share draft or share account(s)
- make payments from share or share draft account(s) to loan account(s) with us
- make payments from share draft to third parties using the Bill Payer service
  - there is a one-time fee to set up Bill Payer service (refer to fee schedule below)
  - there is a monthly charge for this service, assessed on the 15th of each month or the first business day thereafter (refer to fee schedule below)
- get information about :
  - the account balance of share or share draft account(s)
  - deposits to share draft or share accounts
  - withdrawals from share draft or share accounts
  - request a check withdrawal from your share account

Please also see **Limitations on frequency of transfers** section regarding limitations that apply to computer transfers.

**Limitations on frequency transfers** elsewhere described, if any, the following limitations apply:

• During any month, you may not make more than six withdrawals or transfers from share account(s) to another credit union account of yours or to a third party by means of a preauthorized, automatic or computer transfer or telephone order or instruction. No more than three of the six transfers may be made by check, draft, debit card or similar order to a third party. If you exceed the transfer limitations set forth above, your account will be subject to closure by the credit union.

### **DOCUMENTATION**

#### • **Periodic statements.**

You will get a monthly account statement from us for your share draft accounts.

You will get a monthly account statement from us for your share accounts, unless there are no transfers in a particular month. In any case, you will get a statement at least quarterly.

### **FINANCIAL INSTITUTION'S LIABILITY**

**Liability for failure to make transfers.** If we do not complete a transfer to or from your account on time or in the correct amount according to our agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance:

- (1) If, through no fault of ours, you do not have enough money in your account to make the transfer.
- (2) If you have an overdraft line and the transfer would go over the credit limit.
- (3) If circumstances beyond our control (such as fire or flood) prevent the transfer, despite reasonable precautions that we have taken.
- (4) There may be other exceptions stated in our agreement with you.

### **CONFIDENTIALITY**

We will disclose information to third parties about your account or the transfers you make:

- (1) where it is necessary for completing transfers; or
- (2) in order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant; or
- (3) in order to comply with government agency or court orders; or
- (4) as explained in the separate Privacy Disclosure.

### **UNAUTHORIZED TRANSFERS**

**(a) Consumer liability.** Tell us AT ONCE if you believe your card and/or code has been lost or stolen. Telephoning is the best way of keeping your possible losses down. You could lose all the money in your account (plus your maximum overdraft line of credit). If you tell us within 2 business days, you can lose no more than \$50 if someone used your card and/or code without your permission.)

If you do NOT tell us within 2 business days after you learn of the loss or theft of your card and/or code, and we can prove we could have stopped someone from using your card and/or code without your permission if you had told us, you could lose as much as \$500.

Also, if your statement shows transfers that you did not make, tell us at once. If you do not tell us within 60 days after the statement was mailed to you, you may not get back any money you lost after the 60 days if we can prove that we could have stopped someone from taking the money if you had told us in time.

If a good reason (such as a long trip or a hospital stay) kept you from telling us, we will extend the time periods.

**(b) Contact in event of unauthorized transfer.** If you believe that your card and/or code has been lost or stolen or that someone has transferred or may transfer money from your account without your permission, call or write us at the telephone number or address listed in this letter.

### **ERROR RESOLUTION NOTICE**

In case of Errors or Questions About Your Electronic Transfers, Call or Write us at the telephone number or address listed below, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days (20 business days if the transfer involved a new account) after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days (90 days if the transfer involved a new account, a point-of-sale transaction, or a foreign initiated transfer) to investigate your complaint or question. If we decide to do this we will credit your account within 10 business days (20 business days if the transfer involved a new account) for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account. Your account is considered a new account for the first 30 days after the first deposit is made, unless each of you already has an established account with us before this account is opened.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation.

You may ask for copies of the documents that we used in our investigation.

### **BILL PAY SERVICE FEE SCHEDULE**

**Bill Pay** service has a sign-up fee of \$3.00. There is a monthly service charge of \$5.00 which will be deducted from your account on the 15th of each month. If the 15th falls on a weekend or Holiday, it will be posted on the next business day. If you do not have the funds available for this fee, your Bill Pay service privileges may be revoked. Return check fees apply to this service. Please contact our office if you have any questions.

MORE DETAILED INFORMATION IS AVAILABLE ON REQUEST

# Account Closing Request

To: \_\_\_\_\_  
(name of bank, credit union, etc.)

From: \_\_\_\_\_ (primary account holder)      \_\_\_\_\_ (secondary account holder)

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state, zip)

Please close the following account(s) with your institution:

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account # \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Please send any funds remaining in these accounts to:

the address shown above       the following address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Account Holder Signature

X \_\_\_\_\_

Secondary Account Holder Signature

X \_\_\_\_\_

Date \_\_\_\_\_

## Automatic Payment Transfer Request

Date:

Dear \_\_\_\_\_ ,

I am writing to inform you of a change in my banking relationship concerning my account number \_\_\_\_\_ .

I currently have my \_\_\_\_\_ payment automatically withdrawn from my checking/savings account # \_\_\_\_\_ on the \_\_\_\_\_ of the month. I would like to transfer these monthly transactions to Montauk Credit Union, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction from \_\_\_\_\_ Bank to be the one dated \_\_\_\_\_ . Thank you for your prompt attention to this request. I have enclosed an automatic payment authorization form that includes the information necessary for you to begin withdrawals from my Montauk Credit Union account.

Sincerely,

Address:

Phone:

## Automatic Payment Cancellation Request

Date:

Dear \_\_\_\_\_ ,

I am writing to inform you of a change in my banking relationship concerning my account number \_\_\_\_\_ .

I currently have my \_\_\_\_\_ payment automatically withdrawn from my checking/savings account # \_\_\_\_\_ on the \_\_\_\_\_ of the month. I would like to cancel these monthly transactions, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated \_\_\_\_\_ .

Thank you for your prompt attention to this request.

Sincerely,

Address:

Phone #:

# Montauk Payroll Deduction/Direct Deposit Authorization

To initiate Payroll Deduction or Direct Deposit of your payroll to your Montauk Credit union account or to change your Payroll Deduction/Direct Deposit, please print out and complete the form below, sign it and return it to your payroll department. Be sure to also mail a copy to Montauk. Payroll deduction is a great way to begin saving a portion of your paycheck for those unexpected or expected financial needs. With Direct Deposit your pay is typically available for withdrawal the day you receive your paper check.

## **Payroll Deduction/Direct Deposit Authorization** **Employer Payroll Deduction Authorization**

|             |                  |
|-------------|------------------|
| Member Name | Member Account # |
|-------------|------------------|

|          |         |
|----------|---------|
| Employer | SSN/TIN |
|----------|---------|

|                             |                             |
|-----------------------------|-----------------------------|
| Home Phone (with area code) | Work Phone (with area code) |
|-----------------------------|-----------------------------|

Payroll No.

Initial Authorization                       Change in Authorization

I hereby authorize my Employer to deduct from my salary the amounts set forth below and to deposit these funds at the Credit Union for each payroll period following receipt of this Authorization until further notice from me. If this is a change in a previous Authorization, I instruct my Employer to cancel my previous Authorization and to follow this Authorization. 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.

|                |           |       |                |
|----------------|-----------|-------|----------------|
| Deposit Amount | Net Check | Other | Payroll Period |
|----------------|-----------|-------|----------------|

*Call Montauk for #*

|                    |                |
|--------------------|----------------|
| Credit Union R/T # | Effective Date |
|--------------------|----------------|

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

### **Credit Union Direct Deposit Authorization** *By signing below, I authorize the Credit Union to apply my payroll deduction for each pay period as follows:*

|                      |          |
|----------------------|----------|
| Share Draft/Checking | \$ _____ |
| Share/Savings        | \$ _____ |
| Money Market         | \$ _____ |
| Loan #               | \$ _____ |
| Loan #               | \$ _____ |
| IRA                  | \$ _____ |
| Other                | \$ _____ |
| Total                | \$ _____ |