

Print off form, complete, and mail to:

Postal Employees Credit Union
50 Brewery Street
New Haven, CT 06511



POSTAL EMPLOYEES
CREDIT UNION

A DIVISION OF **SCIENT** FEDERAL CREDIT UNION

Yes! Please send me a FREE Postal Employees VISA Check Card:

Primary Member Full Name <input type="text"/>	Member Number <input type="text"/>
Address <input type="text"/>	City, State, Zip <input type="text"/>
Home Phone Number <input type="text"/>	Cell Phone Number <input type="text"/>
Joint Member Full Name <input type="text"/>	Cell Phone Number <input type="text"/>

Signature of primary member

Date

Signature of joint member

Date



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WRITTEN STATEMENT OF UNAUTHORIZED DEBIT

Account/Transaction Information

Member Name

Member Number

Date of Debit

Amount of Debit:

\$

Payee Name

Statement

I (the undersigned) hereby attest that (i) I have reviewed the circumstances of the above electronic (ACH) debit to my account (ii) the debit was not authorized, and (iii) the following, to the best of my ability to identify, is the reason for that conclusion:

- I did not authorize the party listed above to debit my account.
- I revoked the authorization I had given to the party to debit my account before the debit was initiated.
- My account was debited before the date I authorized.
- My account was debited for an amount different than I authorized.
- My check was improperly processed electronically.
- Other (must specify) _____

I am an authorized signer, or otherwise have the authority to act, on the account identified in this statement. I attest that the debit above was not originated with fraudulent intent by me or any person acting in concert with me.

I have read this statement in its entirety and attest that the information provided on this statement is true and correct.

Signature _____

Date _____



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ADDRESS CHANGE FORM

Print off form, complete, and mail to:

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Member Name	Account Number	
<input type="text"/>	<input type="text"/>	
New Address	City, State, Zip	
<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature

Date



POSTAL EMPLOYEES

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Close Account Request

If you'd like to close your Postal Employees account(s), please fill out this form and return to a Postal Employees service center, or mail to:

Postal Employees Credit Union
50 Brewery Street
New Haven, CT 06511

Member Name	Member Number/Account Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Current Address	
<input type="text"/>	<input type="text"/>	
Reason for closing account		
<input type="text"/>		

I, _____, would like to close my Postal Employees accounts and have all remaining funds
(Member Name)

mailed to _____
(Address) (City) (State) (Zip Code)

(Member Signature)

(Date)



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POSTAL EMPLOYEES
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**Notice of Action Based on Information
Contained in Consumer Report**

Date of Notice _____

We regret we cannot open your account today. In evaluating your application, the following consumer reporting agency/agencies provided us with information that in whole or in part influenced our decision. These agencies did not make the decision to disapprove your account application and are unable to provide you with specific reasons why the decision was made.

You have rights under state and federal laws. Included in these rights are:

- The right to obtain a free copy of your consumer report if you make such a request to the consumer reporting agency within 60 days of your receipt of this notice; and
- The right to dispute the completeness or accuracy of any information contained in such report by notifying the consumer reporting agency directly of your dispute.

For information pertaining to your credit account history contact:

A. Experian	You may contact Experian by calling 1-888-397-3742 and selecting the "denial" option. Then, follow the instructions given. If you prefer to use a mailed request, send the following information to Experian: first name, middle initial, last name, spouse's name (if applicable), home address, home address for the last five years, date of birth, Social Security number (required), and copy of declination notice (this form). Mail this information to: Experian, P.O. Box 2002, Allen, TX, 75013. Alternatively, you may access your credit account history online at www.experian.com/reportaccess .
B. Equifax	You may contact Equifax by calling 1-800-685-1111. To contact Equifax in writing, forward your request including your name, address, former address (if you have been at your current address for less than two years), Social Security number (required) and the name of the company that referred you to Equifax to: Equifax Credit Information Services, PO Box 740241, Atlanta, GA 30374
C. Trans Union	You may contact Trans Union by calling 1-800-888-4213 and selecting the "denied credit" option. Then, follow the instructions that are given. If you prefer to mail a request, complete the form below and mail this entire sheet to TransUnion Consumer Relations at PO Box 1000, Chester, PA 19022. Alternatively, you may access your credit account history online at www.transunion.com/direct .

For information pertaining to your checking account history contact:

D. ChexSystems	You may contact ChexSystems on the worldwide web at www.consumerdebit.com , by telephone using their voice messaging system at 1-800-428-9623, by mail at ChexSystems, Attn: Consumer Relations, 7805 Hudson Road, Suite 100, Woodbury, MN, 55125. Please provide the information requested on this form.
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To enable the request for your consumer report to be processed, please provide the following information and a copy of this entire form when contacting the appropriate consumer reporting agency/agencies by mail:

Last Name: _____ First Name: _____ Middle Name: _____

Other Last Name Used: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

U.S. Social Security Number (Required): _____ Date of Birth: _____

U.S. Driver's License #: _____ State of Issuance: _____

Any previous addresses used in the past five years (include any P.O. Boxes): _____

List the name, Tax ID, your title and address for any business/organization you have signed on in the past 5 years:

Signature: _____ Date: _____



POSTAL EMPLOYEES

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LOST OFFICIAL CHECK

Lost Official Check Statement Under Penalty of Perjury

This form should be used to report the loss, theft, destruction, or other non-availability of an Official Check. It may be completed by a member or an interested party.

General Guidelines for Statement Under Penalty of Perjury: This is an official statement of fact that renders the maker of the statement subject to persecution for perjury in the event that the facts are misrepresented or fraudulent. List all relevant information, including where the event took place, account numbers, available documentation, and person(s) involved.

Official Check Information: In addition to the items listed above explain all known facts concerning the loss, destruction or other reason why the check itself is not available for presentment.

State of _____ County of _____

I, _____, depose and say that I have made and/or examined the attached statement indicating that an Official Check of which I was the rightful holder in due course and was legally entitled to negotiate was lost, destroyed, or is otherwise irretrievable. The item was

Check number _____ Amount \$ _____
Issued on _____ Payable to _____.

Statement:

Please place a stop payment on this check and (choose one of the following):

- Reissue a new check payable to the same payee.
- Redeposit the money back into my account.

SIGNATURE: _____ A/C # _____ Printed

Name _____ Phone # _____

.....
Mail this form to:

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WIRING INSTRUCTIONS

Wiring instructions to Postal Employees Credit Union

Wire to: Eascorp Federal Credit Union
35 Corporate Drive, Suite 300
Burlington, MA 01803
ABA: 211391773

Further Credit: Postal Employees Credit Union
50 Brewery St.
New Haven, CT 06340
Account # 211178190

Final Credit: Member's Name
Member's Address
Member's Account number and whether it
goes into checking or savings.



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WIRE TRANSFER

Return this form to the Postal Employees Credit Union Service Center location. **Cut off time for a wire is 2pm EST.**

Date: _____

Domestic - \$10.00

Amount to be wired \$ _____ Amount in words _____ Fee: \$ _____

US Dollars to Foreign Currency

Foreign Currency to Foreign Currency

US Dollars to US Dollars

Beneficiary Bank (Wire recipient's Bank)

ABA/Routing Number _____ (Required for U.S. Wires)
Bank Name _____ (Required)
Swift Code (International Only) _____ (Required if going to UK or Kenya)
Sort Code (International Only) _____ (Required if going to UK or Kenya)
IBAN (International Only) Street _____ (Required if going to Europe)
Address _____ (Required)
City, State, Zip Code _____ (Required)
Reference _____

Intermediary Bank (if necessary)

Bank Name _____
ABA/Routing Number _____
Street Address City, _____
State, Zip Code _____
Reference _____

Originator (Person sending wire)

Name _____ (Print Name Required)
Account Number _____ (Required)
Street Address City, _____ (Required)
State, Zip Code _____ (Required)
Daytime Phone _____ (Required)

Beneficiary (Wire recipient)

Name _____ (Print Name/Required)
Account Number _____ (Required)
Street Address City, _____ (Required)
State, Zip Code Phone _____ (Required)
Number _____ (Required)
Purpose of Wire _____ (Required if being sent to Thailand, South Korea, China or Indonesia)

I authorize Postal Employees Credit Union to wire funds as instructed above and to debit my account for those funds, and any applicable fees. I further understand that there is NO GUARANTEE ON THE TIME THAT THE RECEIVING BANK POSTS THE PROCEEDS OF THIS WIRE TO THE SPECIFIED ACCOUNT. Furthermore, Postal Employees Credit Union will not be held liable for incorrect information given above.

Print Name

Signature

Date

	MSR Initials	MGR Initials	Circle One		Finance Only
Wire Transfer Agreement	_____	_____	Home Banking	In-Person	Entered By _____
OFAC check performed by	_____	_____	Fax	E-mail	Verified By _____
Member account debited by	_____	_____	Password _____		Reference # _____
Member Identification: State Issued: _____ ID Number: _____					

In person wire request verification: Signature of employee _____ Date _____

Postal Employees Credit Union Wire Call Back Verification Checklist (for fax, e-mail and home banking with no password)

(Must ask 4 questions on consistent rotation)

- Branch where membership was opened?
Answer: _____
- Year of vehicle last financed with Postal Employees Credit Union?
Answer: _____
- What is the last non-utility bill payment paid from your checking account?
Answer: _____
- Do you receive paper or e-statements? (check Member Details for answer)
Answer: _____
- Who is your beneficiary? (check Diary Memos)
Answer: _____
- Who do you share a joint account with?
(Reverse Associations on Member Overview)
Answer: _____
- Approximate date of last loan payoff?
Answer: _____
- Ask "trick questions"; i.e. (knowing they don't have it)
 - What is the balance of your Money Market account?
 - When did your last CD mature?
 - How much do you have on deposit in your 36 month CD?

When they tell you they don't have such an account, you can then reassure them that they've successfully completed the verification process

Signature of employee

For Vice President's ONLY

- Member's sent license matches license on file
- OFAC on all parties passed
- Funds withdrawn for correct amount
- Wire form is completed correctly
- 4 questions asked and answered successfully

Signature of Vice President: _____

Date: _____



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FUND/WIRE TRANSFER AGREEMENT

From time to time you may desire to initiate a fund transfer from authorized accounts held at the Credit Union. These fund transfers requests are called payment orders in this Agreement. This Agreement governs all payment orders you give us.

MEMBER NO: _____

MEMBER IDENTITY INFORMATION

Member/Owner:	Day Phone No:
Mailing Address:	City/State/Zip:

ACCOUNTS SUBJECT TO THIS AGREEMENT

The following authorized accounts are governed by this Agreement:

<input type="checkbox"/> Share/Savings: _____ Suffix	<input type="checkbox"/> Share Draft/Checking: _____ Suffix	<input type="checkbox"/> Money Market: _____ Suffix
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed. If this Agreement applies to more than one account of the same type, more than one suffix will be listed for that account type.

SECURITY MEASURES

The following security measures shall be used by the Credit Union for the purpose of verifying all payment order requests. The Credit Union will use the security measures checked below.

Call Back Procedure - When we receive your payment order request, we will confirm the payment order by calling any of the contact persons authorized to verify transfers at the telephone number listed below:

Contact Person #1:	Day Phone No:
Contact Person #2:	Day Phone No:
Contact Person #3:	Day Phone No:

Password - When verifying and authorizing a payment order you must give us your password which is: _____

Other Security Measures: _____

LIMITATIONS ON PAYMENT ORDERS

You authorize the following checked limitations and criteria to be applicable to each transaction covered by this Agreement. The Credit Union will use the limitations checked below to process the fund/wire transfer.

Frequency: You will make up to _____ payment orders per _____ **Other:** _____

Amounts: The maximum amount of any payment order is \$ _____
The minimum amount of any payment order is \$ _____

AUTHORIZATIONS

You authorize the following persons to submit payment orders in your name unless and until you notify the Credit Union in writing of a change. As permitted by applicable state law, the Credit Union may rely on any actual or facsimile signature that reasonably resembles the signature of the Authorized Person provided below and will be entitled to honor and charge you for all such payment orders. You agree to assume liability for these transactions to the extent permitted under applicable state law.

Authorized Person #1 (print)	Title (if applicable)	X Authorized Person Signature
Authorized Person #2 (print)	Title (if applicable)	X Authorized Person Signature
Authorized Person #3 (print)	Title (if applicable)	X Authorized Person Signature
Authorized Person #4 (print)	Title (if applicable)	X Authorized Person Signature

AGREEMENT

This Fund/Wire Transfer Agreement ("Agreement") governs the procedures and responsibilities concerning payment orders initiated by the Account Owner through the credit union named in this Agreement.

DEFINITIONS: In this Agreement, the words, "you," "your," and "yours" mean the Account Owner that signs this Agreement. The words "we," "us," and "our" mean the Credit Union that signs this Agreement. The word "account" means any account or accounts designated on this Agreement. The terms used in the Agreement have the meaning given to them in Article 4A of the Uniform Commercial Code.

ACCOUNT OWNER LIABILITY: You agree to be bound by any payment order, whether or not authorized, issued in your name accepted by us in compliance with the security procedures chosen by you in this Agreement.

CHANGES TO AGREEMENT: The security procedures and other terms of this Agreement may be changed only by amendment to this Agreement or by executing a new Agreement. The Agreement may not be changed

by an oral agreement or by a course of dealing or custom.

SECURITY PROCEDURES: We will follow the security agreement procedures identified in this Agreement. You agree that these procedures are commercially reasonable methods of verifying payment orders and other fund transfers.

UNIFORM COMMERCIAL CODE ARTICLE 4A: Any fund transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Agreement and the provisions of the Uniform Commercial Code as enacted by the state where the main office of the Credit Union is located.

PAYMENT ORDERS: This is not the document that authorizes a payment order or other fund transfers. We may require you to complete a separate document at the time of each payment order.

NOTICE: Notice to any Account Owner is considered notice to all Account Owners.

SIGNATURES

By signing below the parties agree to all the terms and conditions of this Agreement and acknowledge receipt of a copy.

Account Owner (print)	Title (if applicable)	X Signature	Date
Credit Union Representative (print)	Title (if applicable)	X Signature	Date