

# CHECK ORDER

**HARLAND**

Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Starting #: \_\_\_\_\_  
Name: \_\_\_\_\_ DL #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Maui County Employees FCU**  
1888 Wili Pa Loop  
Wailuku, HI 96793-1272  
(808) 244-7968

*Print information as you wish it to appear on your checks or attach the reorder form from your existing checks and note changes in personalization. Allow two weeks for delivery. Your first order will include our Financial Institution's exclusive design.*

☐ 321380072 ☐ Checking Acct. #

# DIRECT DEPOSIT AUTHORIZATION

Name: \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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I (we) hereby authorize the above named COMPANY, to initiate credit entries to my(our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. NOTE: WRITTEN CREDIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

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

☐ 321380072 ☐ Checking Acct. #

# AUTOMATIC PAYMENT CHANGES

Name: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Account/Policy Number: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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*The above named individual(s) has opened a checking account with our Financial Institution. Effective \_\_\_/\_\_\_/\_\_\_ all payments for the above account or policy at your organization should be automatically debited from the account information line shown below.*

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

☐ 321380072 ☐ Checking Acct. #

## INITIAL DEPOSIT OR TRANSFER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\$

\_\_\_\_\_  
(Initial deposit or transfer amount)

### To fund your checking account, please:

A. Attach a check with initial deposit amount (or)

B. Authorize transfer from account number \_\_\_\_\_ (or)

C. Complete the Direct Deposit Authorization form

### Signature(s) to authorize transfer

Primary Account: \_\_\_\_\_

Joint Account: \_\_\_\_\_

 321380072  Checking Acct. #

## FUNDS TRANSFER AUTHORIZATION

Name: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

(Previous financial institution name)

City/State/Zip: \_\_\_\_\_

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

(Previous checking account number)

**Maui County Employees FCU**

**1888 Wili Pa Loop**

**Wailuku, HI 96793-1272**

**(808) 244-7968**

*I hereby authorize and instruct the above named financial institution to close the above indicated depository account and send the total remaining balance to **Maui County Employees FCU** to my account as shown on the bottom line of this authorization form. I have notified all parties authorized to draw against this account to cease doing so and will be responsible for overdraft fees caused by authorized drawers.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## REQUEST FOR INFORMATION

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mail to:

*Please send information on the following:*

**Maui County Employees FCU**

**1888 Wili Pa Loop**

**Wailuku, HI 96793-1272**

**(808) 244-7968**

VISA Check Card  
 Bill Pay  
 Virtual Lending

Home Banking  
 Teller Tone (Phone Service)  
 Other: \_\_\_\_\_