

SPECIALTY MERGER MENU

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NEW ROUTING AND MEMBER NUMBER EFFECTIVE July 1, 2025

Routing: 291580614 **Member Number:** 600,000 more than your current account number

Example: Current Account Number 8475, new Account Number 608475

PRIMARY MEMBER

Name _____

Address _____

Primary Phone _____ Cell _____ Yes _____

Secondary Phone _____ Cell _____ No _____

eMail Address _____

Preferred Contact Method _____

MEMBERSHIP OPTIONS

* Please indicate any service you would like to be enrolled in at account conversion

____ **eStatement enrollment** *Receive an eMail when your statement is ready to view in online/mobile banking. Reduces paper waste, more secure than mail & access statements sooner. \$0 fee.

____ **Mobile Deposit¹ enrollment** *Deposit checks anytime, anywhere right from your mobile device. \$0 fee.

____ **eAlerts/eNotices** * Real-time account activity alerts and reminders ensure you're up to date. Customize alerts to suit your needs and receive them via Message Center, eMail or text. \$0 fee.

____ **Pay Anyone Person to Person Payment enrollment** *Easy, secure and fast way to send money to friends and family, regardless of where they bank! Replaces the need for cash, downloading a separate payment app, or writing a check

____ **Bill Pay enrollment** *No more mailing checks to pay utility or other recurring bills. Fully integrated right within your online/mobile banking. \$0 fee.

¹Must qualify for mobile deposit in order to enroll. Wireless carrier data rates may apply. See credit union for details. Membership eligibility required.

ADDITIONAL CHECKING ACCOUNTS

PCCU Rewards Checkings *Earn rewards by meeting monthly qualifiers. 15 debit card transactions, have an ACH coming in or going out and be receiving eStatements. Automatically comes with a debit card and statement.

Which Reward would you prefer? **Choose 1 Checking Account**

☐ **PCCU Cash Rewards Checking** *Earn 5.00% APY on balance up to \$15,000

☐ **PCCU Rewards Saving Account** *Can only pair with the PCCU Cash Checking. Earns 4.00% APY on balances up to \$100,000 when qualifications are met in the PCCU Cash Checking.

☐ **PCCU Cash Back Checking** *Earn 2% cash back on all purchases up to \$400 earning up to \$8 per month

Joint Owner ☐ Yes ☐ No

*If yes, complete joint owner information at the end of this form

☐ **Economy Checking** *Great for those who do not like to use a debit card often. No fee and still has all the capabilities of online/mobile banking, remote deposit, and can be linked to your digital wallets.

Debit Card(s) ☐ Yes ☐ No **Joint Owner** ☐ Yes ☐ No *If yes, complete joint owner information at the end of this form

ADDITIONAL CHECKING ACCOUNT SERVICES

☐ **Debit Card Round Up** *Forget the heavy coin jar. Let us round up each of your debit card purchases. We'll round up each purchase and transfer to your savings account at the end of day. Balancing your account has never been easier! \$0 fee.

☐ **Extended Courtesy Pay** *We automatically got your back up to \$500 on checks written and ACH transactions. Enroll in Extended Courtesy Pay to have your debit card purchases and ATM withdrawals covered as well. \$0 fee to enroll. \$34 fee for each transaction that draws the balance negative.

☐ **Overdraft Protection Transfers** *Link a savings account or Kwik Cash Line of Credit to transfer money from automatically if you don't have sufficient balance in your checking to cover a charge.

☐ Savings ☐ Kwik Cash Line of Credit

☐ **Checks** Starting Check # _____ Book of 150 Duplicates FIRST BOX \$0

Check Color: ☐ Green Marble ☐ Violet Marble ☐ Blue Safety ☐ Yellow Safety

Check will include all owner's name and primary owner's address

☐ Include phone ☐ (____) _____



ADDITIONAL SAVINGS ACCOUNTS

* Please indicate accounts to add at account conversion

_____ **Savers Plus** *Would you like to separate your savings balances? You can have multiple Savers Plus accounts.
How many would you like? \$0 fee.

_____ Please contact me about specialty checking accounts. (Business, Rep Payee, Guardian, Youth, Organization)

_____ Phone _____ Text _____ eMail

_____ Please contact me about options for earning higher dividends (Share Certificates, Money Market, Annuities, etc.)

_____ Phone _____ Text _____ eMail

_____ Please contact me about opening an Health Savings Account (HSA) or an Individual Retirement Account (IRA)

_____ Phone _____ Text _____ eMail

JOINT OWNER (S)

Joint Owner #1

Name _____ Date of Birth _____

Physical Address _____

Mailing Address _____

Primary Phone _____ Cell? _____ Yes _____ No

Secondary Phone _____ Cell? _____ Yes _____ No

eMail Address _____

Which Accounts to be joint on:

_____ Regular Savings _____ Savers Plus _____ Checking _____ Rewards Savings _____ Certificate

Joint Owner #2

Name _____ Date of Birth _____

Physical Address _____

Mailing Address _____

Primary Phone _____ Cell? _____ Yes _____ No

Secondary Phone _____ Cell? _____ Yes _____ No

eMail Address _____

Which Accounts to be joint on:

_____ Regular Savings _____ Savers Plus _____ Checking _____ Rewards Savings _____ Certificate

_____ Please contact me about having more than two joint owners _____ Phone _____ Text _____ eMail



BENEFICIARY

Beneficiary #1

Name _____ Date of Birth _____

Physical Address _____

Mailing Address _____

Primary Phone _____ Cell? ☐ Yes ☐ No

Secondary Phone _____ Cell? ☐ Yes ☐ No

eMail Address _____

Which Accounts to be a beneficiary on:

☐ Regular Savings ☐ Savers Plus ☐ Rewards Savings

☐ Checking* Joint owners on checking account, must be a joint on all deposit accounts.

***If more than one beneficiary list on one account, they will be equal beneficiary percentages**

Beneficiary #2

Name _____ Date of Birth _____

Physical Address _____

Mailing Address _____

Primary Phone _____ Cell? ☐ Yes ☐ No

Secondary Phone _____ Cell? ☐ Yes ☐ No

eMail Address _____

Which Accounts to be a beneficiary on:

Which Accounts to be joint on:

☐ Regular Savings ☐ Savers Plus ☐ Checking ☐ Rewards Savings ☐ Certificate

SIGNATURES

Primary Owner Signature _____ Date _____

First Joint Owner Signature _____ Date _____

Second Joint Owner Signature _____ Date _____

Please return via eMail to supportcenter@parkcitycu.org, or drop off with Teri at the branch located in the Wood County Courthouse, or mail to 501 S. Pine Ridge Ave. Merrill, WI 54452

