

Quick Start Enrollment Form for a New Social Security Deposit

If you are transferring your Social Security from another financial institution, please call UPCCU at (906) 228-7080 for instructions.
RETURN THIS FORM TO UPCCU

Date:

Information About You:

Name of Payee: _____

Social Security Number: _____

UPCCU Account Number * _____

Deposit Funds into: Savings Checking

Type of Benefits:

Social Security Supplemental Security Income

Railroad Retirement Board Veterans Administration

Signature: _____

***Correct Account Number Information**
Please check with the credit union before submitting account number information. This is to ensure the format is correct.

FOR CU USE ONLY	Employee #	Name	Date
Department use only:			Initials: