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Phone: (507) 535-1460  
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# Account Change

|      |               |
|------|---------------|
| Date | Member Number |
|------|---------------|

## SECTION A: Primary Account Owner Information

|   |  |            |            |      |                        |       |                       |  |
|---|--|------------|------------|------|------------------------|-------|-----------------------|--|
| Last Name   |  | First Name |            | M.I. | Social Security Number |       | Date of Birth         |  |
| Residential Address (No PO Box)                         |  |            |            |      | Drivers License#       | State | Issue/Expiration Date |  |
| City, State, Zip Code                                   |  |            |            |      | E-Mail Address         |       |                       |  |
| Mailing Address (If different from Residential Address) |  |            |            |      |                        |       |                       |  |
| Work Phone  |  |            | Home Phone |      | Cell Phone             |       | Mother's Maiden Name  |  |

Check here for Name Change: Former Name \_\_\_\_\_ For Credit Union Use Only: ID verification \_\_\_\_\_  
 Check here for Address Change  HOME  MAILING

I/We authorize the Credit Union to make changes to my/our accounts as indicated below:

## SECTION B: Accounts and Services

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Add Accounts</b><br><input type="checkbox"/> Savings _____ <input type="checkbox"/> Money Market _____ <input type="checkbox"/> Certificate _____<br><input type="checkbox"/> Checking _____ <input type="checkbox"/> Premium Money Market _____ |  |  | <b>Add Service</b><br><input type="checkbox"/> Online Banking<br>- E-Statements<br>- Bill Payment<br><input type="checkbox"/> Debit Card |  |
|---|--|--|--|--|

## SECTION C: Joint Applicant

Add  Remove Applies to:  All Accounts  Accounts:

|                                 |  |            |  |  |                        |                      |                       |                               |
|---------------------------------|--|------------|--|--|------------------------|----------------------|-----------------------|-------------------------------|
| Last Name                       |  | First Name |  | M.I.   | Social Security Number |                      | Date of Birth         |                               |
| Residential Address (No PO Box) |  |            |  |  | Drivers License#       | State                | Issue/Expiration Date |                               |
| City, State, Zip Code           |  |            |  | US Citizen<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                        | E-Mail Address       |                       |                               |
| Work Phone                      |  | Home Phone |  | Cell Phone   |                        | Mother's Maiden Name |                       | Relationship to Account Owner |

## SECTION D: Payable-on-Death Beneficiary (Not a Joint Applicant)

Add  Remove Applies to:  All Accounts  Accounts:

|                                 |  |            |  |      |                                 |  |                                  |  |
|---------------------------------|--|------------|--|------|---------------------------------|--|----------------------------------|--|
| Last Name                       |  | First Name |  | M.I. | Date of Birth                   |  | Social Security # (if available) |  |
| Residential Address (No PO Box) |  |            |  |      | Residential Address (No PO Box) |  |                                  |  |
| City, State, Zip Code           |  |            |  |      | Relationship to Acct. Owner     |  | Relationship to Acct. Owner      |  |

## SECTION E: Authorization

I/We agree that the changes on this request amend the previously signed Application and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. You authorize us to check your account, credit, and employment history, and obtain reports from third parties, including credit reporting agencies, to verify your eligibility for the accounts and services you request.

I/We will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth on this form. This relinquishment does not affect my/our obligation on any loan accounts.

I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

I/We agree to follow the bylaws and amendments, and subscribe to at least one share.

I/We certify that all account holders have been notified of any ownership changes.

## SECTION F: Authorization

|                             |  |      |  |     |
|-----------------------------|--|------|--|-----|
| Primary Owner's Signature   |  | Date | FOR CREDIT UNION USE ONLY (DO NOT WRITE IN THIS AREA):   |     |
| X                           |  |      | Date:  | By: |
| Joint Applicant's Signature |  | Date | <input type="checkbox"/> CB/BNI <input type="checkbox"/> Debit Card<br><input type="checkbox"/> OFAC <input type="checkbox"/> Online Banking<br><input type="checkbox"/> Chex <input type="checkbox"/> Other |     |
| X                           |  |      |  |     |

If sending this change request by mail, include the minimum deposit of \$25 for new Checking accounts. A photocopy of a government-issued photo ID is required for all applicants.