

# Account Change Card

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:  
**Type of Change** (Please indicate the type of change and complete only the information that affects the change.)

**Account #** \_\_\_\_\_  
**Member Name:** \_\_\_\_\_

Account Type			
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Share/Savings: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove Share Certificate: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Share Draft/Checking: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove Overdraft Loan: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Debit Card: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove Other: _____
<input type="checkbox"/> Add	<input type="checkbox"/> Remove	Money Market: _____	

Member/Owner	
<input type="checkbox"/> Change Name: _____	<input type="checkbox"/> Change Other: _____

**The account(s) is a Joint Account with Rights of Survivorship. Joint Owner:** Required by the Credit Union, removal of a joint account requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including membership share in the account(s) set forth in the "Account Type" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owners	
<input type="checkbox"/> Accounts Added To: _____	<input type="checkbox"/> Accounts Removed From: _____
<b>Joint Owner:</b>	SSN/TIN: _____
Street: _____	Driver's Lic. No.: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Email: _____
Work Phone: _____	Employer: _____
<input type="checkbox"/> Accounts Added To: _____	<input type="checkbox"/> Accounts Removed From: _____
<b>Joint Owner:</b>	SSN/TIN: _____
Street: _____	Driver's Lic. No.: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Email: _____
Work Phone: _____	Employer: _____
<input type="checkbox"/> Accounts Added To: _____	<input type="checkbox"/> Accounts Removed From: _____
<b>Joint Owner:</b>	SSN/TIN: _____
Street: _____	Driver's Lic. No.: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Email: _____
Work Phone: _____	Employer: _____

Payable On Death (POD)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove Accts: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove Accts: _____
POD Payee: _____	POD Payee: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____

Certification of Account Information	
Minnesota law requires the Member/Owner to complete the following information before opening a share draft or checking account:	
1. Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, where? _____	
2. Within the last twelve (12) months, has any financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, why? _____	
3. Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Authorization			
You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment to the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.			
X _____	_____	X _____	_____
Signature	Date	Signature	Date
X _____	_____	X _____	_____
Signature	Date	Signature	Date

<b>For Credit Union Use Only:</b>	
Opened by: _____	<input type="checkbox"/> Telecheck completed - Approval Code _____