

Account Change Form

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.)

Primary Member	
Account #: _____	
Member Name: _____	
<input type="checkbox"/> Change Name To: _____	
Street:	Driver's License No.:
City/State/ZIP:	Driver's License State Issued:
Home Phone: Work:	Driver's License Issued Date:
Cell:	Driver's License Expiration Date:
E-mail:	Date of Birth:
SNN/TIN:	City Where Born:
Employer:	
Joint Owners	
<p>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.</p>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove Accounts: _____	
Joint Owner:	SSN/TIN:
Street:	Driver's License No.:
City/State/ZIP:	Driver's License State Issued:
Home Phone: Work:	Driver's License Issued Date:
Cell:	Driver's License Expiration Date:
E-mail:	Date of Birth:
Relationship to Member:	City Where Born:
Employer:	
<input type="checkbox"/> Add <input type="checkbox"/> Remove Accounts: _____	
Joint Owner:	SSN/TIN:
Street:	Driver's License No.:
City/State/ZIP:	Driver's License State Issued:
Home Phone: Work:	Driver's License Issued Date:
Cell:	Driver's License Expiration Date:
E-mail:	Date of Birth:
Relationship to Member:	City Where Born:
Employer:	
<input type="checkbox"/> Add <input type="checkbox"/> Remove Accounts: _____	
Joint Owner:	SSN/TIN:
Street:	Driver's License No.:
City/State/ZIP:	Driver's License State Issued:
Home Phone: Work:	Driver's License Issued Date:
Cell:	Driver's License Expiration Date:
E-mail:	Date of Birth:
Relationship to Member:	City Where Born:
Employer:	

Payable on Death (POD)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove Accounts: _____	<input type="checkbox"/> Add <input type="checkbox"/> Remove Accounts: _____
POD Payee:	POD Payee:
Relationship to Member:	Relationship to Member:
Date of Birth:	Date of Birth:
Street:	Street:
City/State/ZIP:	City/State/ZIP:
Phone:	Phone:

Consent to Contact
<p>By executing this Account Card, you agree we and/or our third-party debt collectors may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e. cell phone numbers) which could result in charges to you, in order to service your account or collect any amounts owed to us, excluding any contacts for advertising and telemarketing purposes as prescribed by law. You further agree methods of contact may include use of pre-recorded or artificial voice messages, and/or use of an automatic dialing device. You may withdraw the consent provided herein by contacting us at any time using any reasonable means. If you have provided a wireless telephone number(s) on or in connection with this Account Card you represent and agree you are the wireless subscriber or customary user with respect to the wireless telephone number(s) provided and have the authority to give this consent. Furthermore, you agree to notify us of any change to the wireless telephone number(s) for which you are providing your consent to be contacted.</p> <p>In order to help mitigate harm to you and your account, we may contact you on any telephone number associated with your account, including a wireless telephone number (i.e. cell phone number), to deliver to you any messages related to suspected or actual fraudulent activity on your account, data security breaches or identity theft following a data breach, money transfers, or any other exigent messages permitted by applicable law. These contacts will not contain any telemarketing, cross-marketing, solicitation, advertising, or debt collection message of any kind. The contacts will be concise and limited in frequency as required by law. You will have an opportunity to opt-out of such communications at the time of delivery.</p>

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			
<p>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 that 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.</p>			
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

FECU Use Only
SSN: _____
Opened By: _____ <input type="checkbox"/> Telecheck Complete – Approval Code: _____