



Federal Credit Union

130 - 23rd Avenue SW
Rochester, MN 55902
mayocreditunion.org

507-535-1460 Tel
800-535-2129 Toll Free
507-293-8116 Fax

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 Email Address
Mailing Address (If different from Residential Address)
Work Phone Home Phone Cell Phone Mother's Maiden Name

Check here for Address Change Home Mailing
Check here for Name Change: Former Name
For Credit Union Use Only: Document Verified

SECTION B: Accounts and Services

Add Accounts Add Service
Savings Money Market Certificate Online Banking Debit Card
Checking Premium Money Market eStatements Bill Payment

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 Email 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
Residential Address (No PO Box) Social Security # (if available)
City, State, Zip Code 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
Joint Applicant's Signature Date
FOR CREDIT UNION USE ONLY (DO NOT WRITE IN THIS AREA):
Date: By:
CB/BNi Debit Card
OFAC Online Banking
Chex Other

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.



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 507-293-8112 Fax

Account Change Addendum

Date	Member Number
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Joint Applicant

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:					
Last Name		First Name		M.I.	
Residential Address (No PO Box)			Social Security Number		Date of Birth
City, State, Zip Code			US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		Email Address
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name		Relationship to Applicant
Residential Address (No PO Box)			Drivers License#		State Issue/Expiration Date

Joint Applicant

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:					
Last Name		First Name		M.I.	
Residential Address (No PO Box)			Social Security Number		Date of Birth
City, State, Zip Code			US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		Email Address
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name		Relationship to Applicant
Residential Address (No PO Box)			Drivers License#		State Issue/Expiration Date

Payable-on-Death Beneficiary (Not a Joint Applicant)

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:				<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:			
Last Name		First Name		M.I.		Date of Birth	
Residential Address (No PO Box)				Social Security # (if available)		Residential Address (No PO Box)	
City, State, Zip Code				Relationship to Applicant		City, State, Zip Code	
Residential Address (No PO Box)				Social Security # (if available)		Residential Address (No PO Box)	
City, State, Zip Code				Relationship to Applicant		City, State, Zip Code	

Payable-on-Death Beneficiary (Not a Joint Applicant)

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:				<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:			
Last Name		First Name		M.I.		Date of Birth	
Residential Address (No PO Box)				Social Security # (if available)		Residential Address (No PO Box)	
City, State, Zip Code				Relationship to Applicant		City, State, Zip Code	
Residential Address (No PO Box)				Social Security # (if available)		Residential Address (No PO Box)	
City, State, Zip Code				Relationship to Applicant		City, State, Zip Code	

Primary Owner's Signature X	Date
Joint Applicant's Signature X	Date
Joint Applicant's Signature X	Date