



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: Savings, Money Market, Premium Money Market, Certificate
Beneficiaries: Add, Remove, No Change
Add Service: Online Banking, Debit Card, 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 YES NO 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 No Change 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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## Account Change Addendum

Date	Member Number
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### 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 <input type="checkbox"/> YES <input type="checkbox"/> NO			Email Address					
Work Phone			Home Phone			Cell Phone			Mother's Maiden Name			Relationship to Applicant		

### 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 <input type="checkbox"/> YES <input type="checkbox"/> NO			Email Address					
Work Phone			Home Phone			Cell Phone			Mother's Maiden Name			Relationship to Applicant		

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

Add  Remove  No Change Applies to:  All Accounts  Accounts:

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

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

Add  Remove  No Change Applies to:  All Accounts  Accounts:

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

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