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Mayo Employees 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	Occupation

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 _____ Summary of Changes

SECTION B: Accounts and Services

Add Accounts

☐ **Savings** _____
☐ **Checking** _____
☐ **Money Market** _____
☐ **Premium Money Market** _____
☐ **Certificate** _____

Beneficiaries

☐ Add
☐ Remove
☐ No Change

Add Service

☐ **Online Banking**
- eStatements
- Bill Payment

☐ **Debit Card**

SECTION C: Joint Applicant

☐ Add ☐ Remove ☐ No Change Applies to: ☐ All Accounts ☐ Accounts:

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Occupation

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

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 accounts(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

X

Joint Applicant's Signature — Date

X

FOR CREDIT UNION USE ONLY (DO NOT WRITE IN THIS AREA):

Date: **By:**

☐ **CB/BNI**
☐ **OFAC**
☐ **Chex**
☐ **Debit Card**
☐ **Online Banking**
☐ **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.

R0825

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Federal Credit Union

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Account Change Addendum

Date	Member Number

Joint Applicant

☐ Add ☐ Remove ☒ No Change Applies to: ☐ All Accounts ☐ Accounts:

Last Name	First Name	M.I.	Social Security Number	Date of Birth	Occupation
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 Applicant	

Joint Applicant

☐ Add ☐ Remove ☐ No Change Applies to: ☐ All Accounts ☐ Accounts:

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

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