Mayo Employees Federal Credit Union

130 23rd AVENUE SW, ROCHESTER, MN 55902
PHONE: (507) 535-1460 TOLL-FREE: 800-535-2129
FAX: (507) 535-1458 www.mayocreditunion.org

ACCOUNT CHANGE CARD

DATE	MEMBER NUMBER

SECTION A: Account Owner Information

NAME LAST FIRST M.I. | SOCIAL SECURITY # | DATE OF BIRTH

ADDRESS | DRIVERS LICENSE # STATE ISSUE/EXP DATE

CITY STATE ZIP | E-MAIL ADDRESS

WORK PHONE ( ) | HOME PHONE ( ) | CELL PHONE ( ) | MOTHERS MAIDEN NAME

☐ **Check here for Name Change** Former Name_____

☐ **Check here for Address Change** ☐ **HOME** ☐ **MAILING**

For Credit Union Use Only: verification

SECTION B: Type of Change

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

(Please indicate the type of change and complete only the information that affects the change)

Joint Owner(s)	☐ Add	☐ Change	☐ Remove
POD Beneficiary	☐ Add	☐ Change	☐ Remove
Account Services	☐ Add	☐ Change	☐ Remove

Accounts/Services

Accounts

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

Services

☐ **Online Banking**_____ ☐ **ATM/Debit Card**_____
- **E-Statements**
- **Bill Pay**
- **Phone Banking**

SECTION C: Joint Applicant(s)

☐ **ADD** ☐ **REMOVE**

NAME LAST FIRST M.I.

RESIDENTIAL ADDRESS (NO PO BOXES) | DATE OF BIRTH

CITY | SOCIAL SECURITY #

STATE ZIP | DRIVERS LICENSE # STATE ISSUE/EXP

PHONE ( ) | US CITIZEN ☐ YES ☐ NO | RELATIONSHIP TO APPLICANT

☐ **ADD** ☐ **REMOVE**

NAME LAST FIRST M.I.

RESIDENTIAL ADDRESS (NO PO BOXES) | DATE OF BIRTH

CITY | SOCIAL SECURITY #

STATE ZIP | DRIVERS LICENSE # STATE ISSUE/EXP

PHONE ( ) | US CITIZEN ☐ YES ☐ NO | RELATIONSHIP TO APPLICANT

SECTION D: Payable on Death (P.O.D.) Beneficiary Designation (Other than Joint Owner)

☐ **ADD** ☐ **REMOVE**

NAME LAST FIRST M.I.

RESIDENTIAL ADDRESS (NO PO BOXES)

CITY | SOCIAL SECURITY # (if available)

STATE ZIP | RELATIONSHIP

☐ **ADD** ☐ **REMOVE**

NAME LAST FIRST M.I.

RESIDENTIAL ADDRESS (NO PO BOXES)

CITY | SOCIAL SECURITY # (if available)

STATE ZIP | RELATIONSHIP

SECTION E: Authorization

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 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.

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.

PRIMARY OWNER SIGNATURE DATE

X **Print and Sign**

JOINT APPLICANT #1 SIGNATURE DATE

X

JOINT APPLICANT #2 SIGNATURE DATE

X

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

Date **By:**

☐ **OFAC/CIP** ☐ **ATM/Debit Card**
☐ **Chex** ☐ **Online Banking**
☐ **Other**

COMPLETE & MAIL THIS FORM WITH YOUR REQUIRED MINIMUM DEPOSIT(S) **AND PHOTOCOPIES OF PICTURE IDENTIFICATION FOR APPLICANT AND ALL JOINT APPLICANTS** TO THE ADDRESS ON THE TOP OF THIS FORM. YOUR ACCOUNTS **CANNOT** BE OPENED WITHOUT THESE ITEMS.