



Federal Credit Union

Member Services: (651) 451-3330 • Fax: (651) 451-1385 • www.wakotafcu.org
MAIL TO: Wakota Federal Credit Union, 1151 Southview Blvd, St. Paul, MN 55075

ACCOUNT CHANGE FORM

I / We authorize the credit union to make and accept the following change to the account(s) indicated:

Date	Member Number	Name
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SECTION A: Please Indicate Type of Change Desired.

- _____ Name Change (please provide documentation of name change.) **COMPLETE SECTIONS B, C, and J**
- _____ Change of Address **COMPLETE SECTIONS B, D, and J**
- _____ Add/Change/Delete Joint Owner **COMPLETE SECTIONS B, E and/or F and J**
- _____ Change/Delete Custodian on Minnesota Uniform Transfers to Minor Account **COMPLETE SECTIONS B, G and J**
- _____ Add/Change Payable on Death (POD) Account **COMPLETE SECTIONS B, H and J**

SECTION B: Account Type. (Check all accounts that apply).

___ Regular Savings	___ Money Market	___ Other
___ Checking	___ Certificate of Deposit	

SECTION C: Name change. (Please provide documentation of name change.)

NAME: Last	First	Middle	Date of Birth
PREVIOUS NAME: Last	First	Middle	Effective Date

SECTION D: Change of address - NEW ADDRESS.

Street Address (No PO Boxes)			APT./SUITE #
City	State	Zip	HOME PHONE #

SECTION E: Add Joint Owner (Must include a photocopy of drivers license or photo ID. All members on this account must sign below.)

Account Ownership: _____ Individual _____ Joint Account with Rights of Survivorship _____ Joint Account without Rights of Survivorship

NAME: Last	First	Middle	Date of Birth
Street Address (No PO Boxes)			APT./SUITE #
Mailing Address (If different than above)			Home Phone
City	State	Zip	Email Address
Driver's License or State ID #			Social Security #
NAME: Last	First	Middle	Date of Birth
Street Address (No PO Boxes)			APT./SUITE #
Mailing Address (If different than above)			Home Phone
City	State	Zip	Email Address
Driver's License or State ID #			Social Security #

Checking Account (Joint applicant(s) must complete the following information.)

- Has anyone on this application had a checking account closed by a financial institution without his or her consent within the last 12 months, or ever been convicted of a criminal offense because of the use of a check or similar item within 24 months of this application?
 Yes No If yes, please list financial institution and explain _____
- Within the last 12 months, has anyone on this application had a checking account or other account subject to withdrawal by negotiable or transferrable instrument? Yes No If yes, list financial institution _____

SECTION F: Delete a Joint Owner (Please indicate change. Primary and/or joint member must sign below.)

_____, I, _____, joint owner on account # _____ wish to remove myself
JOINT OWNER'S NAME
 from this account. In doing so, I release all interest in this account, except for outstanding loan obligations.

_____, I, _____, request that _____
PRIMARY MEMBER'S NAME JOINT OWNER'S NAME
 be removed from account # _____. I certify that I cannot obtain written authorization of the joint owner releasing their interest in this account. Therefore, I agree to indemnify the credit union for any action resulting from the removal of said joint owner.

FORM IS NOT VALID WITHOUT SIGNATURE. MEMBER MUST SIGN BACK OF THIS FORM.

SECTION G: Change/Delete Custodian on Uniform Transfer to Minor Account (Custodian must sign below.)

I, _____, custodian on account # _____ wish to remove my name as
CUSTODIAN NAME
custodian. In doing so, I release all interest in this account. I agree to indemnify the credit union for any actions resulting from the removal of my name.

I, _____, custodian on account # _____ wish to remove my name
CUSTODIAN NAME
as custodian, release all interest in this account, and assign a new custodian.

NEW CUSTODIAN NAME _____ RELATIONSHIP TO CHILD _____ COMPLETE CUSTODIAN ADDRESS (IF DIFFERENT FROM CHILD) _____

SECTION H: Beneficiary / Payable of Death (POD) Information

POD Payee: _____ Home Phone _____
Street _____ Relationship _____
City/State/Zip _____ % of Funds _____
Social Security # _____ Date of Birth _____

POD Payee: _____ Home Phone _____
Street _____ Relationship _____
City/State/Zip _____ % of Funds _____
Social Security # _____ Date of Birth _____

SECTION I: IMPORTANT INFORMATION ABOUT PROCEDURES TO OPEN A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SECTION J: Your Signature is Required

Any amendments to the ownership of this account must be accompanied by the signatures of ALL current owners of this account. Everything I/we have stated in this application is true and correct to the best of my/our knowledge. I/We understand that Wakota Federal Credit Union will retain this application whether or not it is approved. Wakota Federal Credit Union is authorized to check my/our credit and to answer questions about its credit experience with me/us. I/We further agree to the terms and conditions of the Wakota FCU accounts that I/we hereby apply for. These terms and conditions are set forth in the accompanying documents which I/we received at the time of application.

MEMBER'S SIGNATURE _____ DATE _____

JOINT OWNER'S SIGNATURE _____ DATE _____

JOINT OWNER'S SIGNATURE _____ DATE _____

ANY FAX TRANSMISSION OF YOUR SIGNATURE MAY BE HELD EQUALLY ENFORCEABLE AS YOUR GENUINE SIGNATURE.

FOR CREDIT UNION USE ONLY

Date of Change _____ Opened / Approved by: _____

_____ Identification Verified _____ Credit Report (if applicable) _____ OFAC _____ Check Systems Information

Additional comments: