



# ACCOUNT UPDATE FORM

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

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

ADDRESS CHANGE		
Street _____	Home Phone _____	
City _____	State _____	Zip _____

CHECKING REQUEST	
Starting Number _____	Style Code / Color _____
Checks should read as follows: _____	
_____	
_____	

ATM/DEBIT CARD REQUEST	
Primary Card Name _____	Joint Card Name _____
<p>I/We understand that only authorized owners of the Credit Union Account Number listed on this form may use the ATM or ATM/Debit card and by signing below or using the card signifies agreement to the terms and conditions set forth in the disclosure and agreement. I/We understand that the dollar purchases made with the ATM/Debit Card will be deducted from my/our Credit Union Checking Account. I/We authorize MECE Credit Union to verify the information provided above and to request a credit report, if necessary. The Card is available to qualified members only. I/We understand other requirements may apply.</p>	

E-STATEMENT REQUEST
E-Mail Address _____
<p>You, the member, understand that MECECU will provide you with a periodic statement for your account. You will no longer receive your statement in paper format. This statement will be sent in a .PDF file format to the e-mail address that you provide. To read this file you will be required to have Adobe Acrobat Reader installed on your computer. This program is available to the public for free at <a href="http://www.adobe.com">www.adobe.com</a>. You may request that we discontinue E-Statement service for you at any time. Your request may be submitted in writing and mailed to MECECU, P.O. Box 1586, Jefferson City, MO 65102. Your name will be deleted from our e-mail list and you will then begin to receive a paper copy by mail. If your e-mail address should change you may contact us and we will update your account with the new address. You have the right to receive a paper statement of your account. If a paper copy of your statement should be needed for any reason, you may contact us and one will be provided to you. By signing in the Authorization section below you agree that you have received this encrypted Member Service Request Form in a .PDF format which is in the same format and delivered in the same manner as your E-Statement.</p>

ON-LINE ACCOUNT ACCESS
<p>_____ I/We request MECE Credit Union to set a temporary password which will allow on-line access to this Initials account.</p>

AUTHORIZATION AGREEMENT FOR ACH TRANSFERS (Transfers Between Financial Institutions Form)
<p>I (we) hereby authorize MO Electric Cooperatives Employees' Credit Union, hereinafter called COMPANY, to initiate, at the member's request, Credit (withdraw from MECECU account) Debit (deposit to MECECU account) entries to and/or from my (our) Checking Savings account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and credit and/or debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</p>
Financial Institution Name _____
City _____ State _____ Zip _____ Phone Number _____
Routing No. _____ Savings # _____ Checking # _____

ACH REQUEST TYPE -- (PLEASE CHECK ONE)		
MECECU SAVINGS	CHECKING	
<u>Non-Recurring / Occasional</u> (date and amount controlled by member)	<u>Make A Loan Payment</u>	
<u>Recurring Transfer</u>	<u>Visa Credit Card Payments</u>	
Transfer \$ _____	Loan Number _____	Minimum Payment _____
, Beginning _____	Transfer \$ _____	Statement Balance _____
, Beginning _____	, Beginning _____	Monthly Amount of \$ _____

ACCOUNT OWNERSHIP

Add Joint

Add Beneficiary

Name \_\_\_\_\_ Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Social Security \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Remove Joint

Remove Beneficiary

All owners of this account agree to the removal of the following joint(s) / beneficiaries:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

\*\*ALL OWNERS INCLUDING THE JOINT OWNER BEING REMOVED MUST SIGN THE AUTHORIZATION SECTION LOCATED AT THE BOTTOM OF THIS FORM.\*\*

Joint Owner: Removal of a Joint Account Owner requires consent of all owners, and 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 set forth above. This relinquishment does not affect my/our obligation to any loan accounts. In the case of a divorce, please have the notary section completed below.

NOTARY

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, (Notary Public - Signature)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to

be the person(s) whose name(s) is/are subscribed to the within instrument and

acknowledged to me that he/she/they executed the same in his/her/their authorized

capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),

or the entity upon behalf of which the person(s) acted, executed the instrument.

My Commission Expires: \_\_\_\_\_

NAME CHANGE

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Re-issue me a debit card with my new name. Please allow 15 days for delivery.

Re-issue me checks with my new name. Please allow 15 days for delivery.

CLOSE ACCOUNT REQUEST

Moving

Better Rates Elsewhere

Unhappy with Service

Other (if checked, please provide reason below)

Inconvenient Location

Death of Primary Member

Transfer to new C.U. Account

AUTHORIZATION

(This section must be signed by all parties before changes can be made into effect.)

I/We agree that the changes on this form amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures 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.

Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_