



ACCOUNT SERVICES
UPDATE FORM

Member Name _____ Account Number _____

AUTHORIZATION AGREEMENT FOR ACH TRANSFERS (Transfers Between Financial Institutions Form)

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 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.

Financial Institution (FI)Name _____

City _____ State _____ Zip _____ Phone Number _____

Routing No. _____ Savings # _____ Checking # _____

Names on FI Account _____

Name 1

Name 2

Name 3

Name 4

(PLEASE REVIEW ACH NOTARY SECTION ON SECOND PAGE)

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

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.

CLOSE ACCOUNT REQUEST

Moving Inconvenient Location Better Rates Elsewhere Death of Primary Member
Unhappy With Service Transfer to new C.U. Account Other _____

E-STATEMENT REQUEST

E-Mail Address _____

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 www.adobe.com. 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.

ON-LINE ACCOUNT ACCESS

I/We request MECE Credit Union to set a temporary password which will allow on-line access to this account.
Initials _____

ACH NOTARY INFORMATION

ALL OWNERS OF OTHER FINANCIAL INSTITUTION ACCOUNT, IF DIFFERENT FROM MECE CREDIT UNION ACCOUNT OWNER, MUST SIGN AND HAVE THIS SECTION NOTARIZED.

Other FI Account Owner Names
Printed Name Signature
Printed Name Signature

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: _____

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 _____