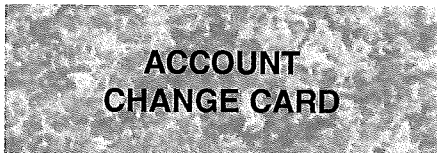


**SOO LINE CREDIT UNION**  
501 Marquette Ave, Suite 1100  
Minneapolis, MN 55402  
(612) 373-9400



**SUBSEQUENT ACTIONS**

I/We authorize the credit union to make and accept the following changes to my/our accounts:

**TYPE OF CHANGE** (Please indicate the type of change and complete only the information that affects the change.)

**Member/Owner Information**  CHANGE **Joint Owner(s) Information**  ADD  CHANGE  REMOVE  
**Agent**  ADD  CHANGE  REMOVE **POD Beneficiary**  ADD  CHANGE  REMOVE  
**Other** \_\_\_\_\_  ADD  CHANGE  REMOVE **Account Type/Services**  ADD  CHANGE  REMOVE

**ACCOUNT TYPE**

Share/Savings: \_\_\_\_\_  Money Market: \_\_\_\_\_  
 Share Draft/Checking: \_\_\_\_\_  Other: \_\_\_\_\_  
 Share Certificate/Certificate: \_\_\_\_\_  Other: \_\_\_\_\_

**OWNERSHIP INFORMATION CHANGES**

**Member/Owner:** \_\_\_\_\_ **Member No:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **SSN/TIN:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Driver's Lic. No:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
 Listed  Unlisted **Password:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Employer Add:** \_\_\_\_\_

The account(s) is a Joint Account  **With Survivorship**  **Without Survivorship**

**Joint Owner:** If required by the credit union, 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 account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

**Joint Owner:** \_\_\_\_\_ **SSN/TIN:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **Driver's Lic. No:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_ **SSN/TIN:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **Driver's Lic. No:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**ACCOUNT SERVICES**

- Payroll Deduction/Direct Deposit: \_\_\_\_\_  ATM Card: \_\_\_\_\_
- Overdraft Protection (indicate transfer priority): \_\_\_\_\_  Debit Card: \_\_\_\_\_
- \_\_\_\_\_  Audio Response: \_\_\_\_\_
- PC Access/Internet Banking: \_\_\_\_\_  Other: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Account**

POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Agency** Print name of Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ (date) \_\_\_\_\_

**Other:** \_\_\_\_\_  See Account Authorization Card

**CERTIFICATION OF ACCOUNT INFORMATION**

Minnesota law requires the Member/Owner to complete the following information before opening a share draft or checking account:

1. Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?  
 No  Yes If so, where? \_\_\_\_\_
2. Within the last twelve (12) months, has any financial institution involuntarily closed your checking, share draft, or other account subject to withdrawal by negotiable or transferable instrument?  
 No  Yes If so, why? \_\_\_\_\_
3. Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument?  
 No  Yes

**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 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. 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 and Disclosure.

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

**FOR CREDIT UNION USE ONLY**

- See Account Authorization Card
- See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_ Opened /App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking