



BUSINESS ACCOUNT CHANGE FORM

PLEASE COMPLETE AND SIGN BACK OF APPLICATION

Date	Member Number	Business/Organization Name	Email Address	
Section A: Type of Change Desired (Change will affect all accounts except IRAs.)				
Accounts				
<input type="checkbox"/> Name Change				
<input type="checkbox"/> Change of Address (includes phone number(s), email address etc.)				
<input type="checkbox"/> Add/change/delete authorized signer (will affect all accounts)				
Section B: Authorized Signer(s) Name Change (All authorized signers must sign below.)				
NAME: Last	First	Middle	Date of Birth	
PREVIOUS NAME: Last	First	Middle	Effective Date	
Section C: Change of Address - NEW ADDRESS				
Street Address (No PO Boxes)			Apt/Suite #	
City/State/Zip	Email Address	Business Phone #		
Section D: Add Authorized Signer #1 (Please complete all sections below and sign)				
NAME: Last	First	Middle	Date of Birth	Social Sec. #
Street Address (No PO Boxes)		Years at Residence	Driver's License #	
City	State	Zip	Employer	Date of Hire
Home Phone ()	Work Phone ()	Cell Phone ()	Email	
Have you live in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list others below:				
How do you qualify for membership?				
Have you or your business ever had checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of institution:				
Have you or your business had a checking account CLOSED by a financial institution without your consent within 12 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of institution and reason:				
Have you ever been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Business Name _____

Member Number _____

Section E: Add Authorized Signer #2 (Please complete all sections below and sign)

NAME: Last		First	Middle	Date of Birth	Social Sec. #
Street Address (No PO Boxes)			Years at Residence	Driver's License #	
City	State	Zip	Employer		Date of Hire
Home Phone ()	Work Phone ()	Cell Phone ()		Email	
Have you live in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list others below:					
How do you qualify for membership?					
Have you or your business ever had checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of institution:					
Have you or your business had a checking account CLOSED by a financial institution without your consent within 12 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of institution and reason:					
Have you ever been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section F: Add Authorized Signer #3 (Please complete all sections below and sign)

NAME: Last		First	Middle	Date of Birth	Social Sec. #
Street Address (No PO Boxes)			Years at Residence	Driver's License #	
City	State	Zip	Employer		Date of Hire
Home Phone ()	Work Phone ()	Cell Phone ()		Email	
Have you live in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list others below:					
How do you qualify for membership?					
Have you or your business ever had checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of institution:					
Have you or your business had a checking account CLOSED by a financial institution without your consent within 12 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name of institution and reason:					
Have you ever been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section G: Delete an Authorized Signer (Primary and/or joint member must sign below)

I, _____, authorized signer on account # _____ wish to remove myself from this
Authorized Signer Name
account. In doing so, I release all interest in this account.

I, _____, request that _____ be removed from
Authorized Signer Name Authorized Signer Name
account _____. I certify that I cannot obtain written authorization of the authorized signer releasing their interest in
this account. Therefore, I agree to indemnify the credit union for any actions resulting from the removal of said authorized signer.

Business Name _____

Member Number _____

I, _____, authorized signer on account # _____ wish to remove myself from this
Authorized Signer Name
account. In doing so, I release all interest in this account.

I, _____, request that _____ be removed from
Authorized Signer Name Authorized Signer Name
account _____. I certify that I cannot obtain written authorization of the authorized signer releasing their interest in
this account. Therefore, I agree to indemnify the credit union for any actions resulting from the removal of said authorized signer.

I, _____, authorized signer on account # _____ wish to remove myself from this
Authorized Signer Name
account. In doing so, I release all interest in this account.

I, _____, request that _____ be removed from
Authorized Signer Name Authorized Signer Name
account _____. I certify that I cannot obtain written authorization of the authorized signer releasing their interest in
this account. Therefore, I agree to indemnify the credit union for any actions resulting from the removal of said authorized signer.

Section H: Important Information about procedures for opening 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 I: Share & Checking Account Agreement

Everything I/we have stated in this application is true to the best of my/our knowledge. I/We understand that Heartland will retain this application whether or not it is approved. Heartland is authorized to verify my/our employment, check my/our credit history and to answer questions about credit experience with me/us. By making this application, I/we agree to (1) the terms and conditions governing all Heartland accounts; (2) the terms and conditions of any agreements for specific services such as checking, savings, certificates and electronic banking; and (3) the terms of Heartland's fee and information schedule as amended from time to time. I/we also agree to all terms, whether posted in your premises, printed on deposit slips, contained in your fee and information schedule or enclosed with statements. I/We understand that any of the terms may be changed by Heartland from time to time.

My/our signature(s) below signifies that I/we have read the Account Agreement and Disclosures and agree to abide by its terms and conditions.

Authorized Signer #1 _____

Authorized Signer #2 _____

Authorized Signer #3 _____

Section J: Certificate of Authority/Resolution

The undersigned, each being first duly sworn, certifies, states and alleges the following, so as to induce HEARTLAND CREDIT UNION (hereinafter "Credit Union," which shall include Lender in any banking capacity, as the context may require) to enter into loans, security agreements, mortgages and other agreements related to lending and banking with (Business Name) _____ a:

- Sole Proprietorship
 LLC
 Organizational/Nonprofit
 Corporation
 Partnership
 Other: _____

and the undersigned further certifies that the Business has adopted the following resolution in conformity with the provisions of its governing authority and that such resolution is now in full force and effect and has not been rescinded or modified:

RESOLVED that the Credit Union is designated as a depository for the Business and is authorized to recognize the signatures of the agents/representatives of this Business named below which authority shall remain in effect until further written order of the Business. Any one of the below named agents/representatives is hereby authorized to act in all matters relating to accounts, to open any deposit or share accounts in the name of the Business, to endorse checks and orders for payment of money or otherwise withdraw or transfer funds on deposit.

RESOLVED that the Credit Union is designated as a lending institution for the business and the following agents/representatives are authorized to borrow money or make application for and obtain Letter of Credit for and on behalf of the Business; to make any agreements in respect thereto; and to sign, execute and deliver promissory notes, acceptance or other evidences of indebtedness therefore, or in renewal thereof, in such amounts and for such time, at such rate of interest and upon such terms as they see fit; and are hereby authorized to endorse, assign, transfer, mortgage, or pledge to the Credit Union the bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now or hereafter owned by the Business, and to discount the same; to unconditionally guarantee payment of any or all bills receivable so negotiated or discounted, and to waive demand, protest and notice of non-payment, that the signatures appearing below are the true signatures of the persons duly authorized to act on behalf of the Business.

RESOLVED, all resolutions herein contained shall continue in forces until express written notice of its recession or modification has been furnished to and received by Credit Union.

RESOLVED, that all transactions, if any, in respect to any deposits, withdrawals, rediscounts and borrowing by or on behalf of the Business with the Credit Union prior to adoption of the resolutions herein contained be and the same hereby are in all things ratified, approved and confirmed.

RESOLVED, that any of the persons named below are hereby authorized and empowered to make any and all other contracts, agreements, stipulations and order which they may deem advisable, from time to time with the Credit Union in respect to transactions between the business and Credit Union in regard to funds deposited with the Credit Union, moneys borrowed from the Credit Union or any other business transacted by and between the Business and Credit Union.

RESOLVED, that any and all resolutions heretofore adopted by the undersigned representing the Business certified to the Credit Union as governing the operation of the Business' account(s) with the Credit Union, be and are hereby continued in full force and effect, except as the same may be supplemented or modified by the foregoing.

We, the undersigned have, and at the time of adoption of the foregoing resolutions and to confer the owners therein granted to the person named who have full power and lawful authority to exercise the same.

In Witness Whereof, we the undersigned of _____ (the "Business")
 have subscribed our names for the Business this _____ day of _____, 2 _____

1. Name: _____

Title/Position: _____

Signature _____

Subscribed and sworn/affirmed to before me this _____ day of _____, 2 _____

Signature of Heartland staff taking acknowledgement or notary _____

2. Name: _____

Title/Position: _____

Signature _____

Subscribed and sworn/affirmed to before me this _____ day of _____, 2 _____

Signature of Heartland staff taking acknowledgement or notary _____

3. Name: _____

Title/Position: _____

Signature _____

Subscribed and sworn/affirmed to before me this _____ day of _____, 2 _____

Signature of Heartland staff taking acknowledgement or notary _____

OFFICE USE ONLY

SIGNER SIGNER SIGNER 1 2 3	ID Verified	OFAC Check	eFunds Check	Checks Ordered	Check Card 1 2 3 4	Joint Card 1 2 3 4	Teller #	Verified By