



HEALTH EAST EMPLOYEE'S CREDIT UNION
SHARE DRAFT APPLICATION

MINNESOTA STATUTES REQUIRE THE COLLECTION OF THE FOLLOWING INFORMATION PRIOR TO OPENING A SHARE DRAFT ACCOUNT

Name (Last, First, Middle)	Member #
Date of Birth (MM/DD/YY)	Social Security #
Home Address	Home Telephone #
Employer's Name & Address	
Driver's License #	State of

If you do not have a driver's license, a state-issued identification card is required to open a share draft account. Identification verified by _____ (CU Staff Only).

Y N Have you had a share draft, checking or other similar account at any other financial institution in the last 12 months?
 If yes, please provide the name and address of that institution

Y N Have you had a share draft, checking or other similar account closed without your consent at any other financial institution within the last 12 months?
 If yes, please provide the name and address of that institution

Y N Have you lived in Minnesota for the past five (5) years?
 If no, please provide the names of the states you've lived in and the length of time in each state. Please account for the past five (5) years.

Y N Have you been convicted of a criminal offense related to the use of a share draft, checking, or other similar account within the past 24 months?
 If yes, please explain:

I declare, under penalty of perjury, that the above information is true, correct, and complete to the best of my knowledge.

 Signature of Applicant Date

FOR CREDIT UNION USE ONLY

Verified through ChexSystems on _____ by _____
 Results