



Checking Account Conversion Form

Member Name: _____

Date: _____

Account Number: _____

Share ID: _____

I, _____, authorize Members Choice Credit Union to convert my

current checking account from a/an _____ to a/an

_____ account.

Member Signature: _____

Date: _____

Office Use Only:

The member received the following:

- Truth in Savings Disclosures
- Current Rate Sheet
- Current Fee Schedule
- Choice Pay Form (if applicable)

Employee Name: _____

Teller Number: _____
