

DANFOSS EMPLOYEES CREDIT UNION

CHECKING ACCOUNT & DEBIT CARD APPLICATION

**NOTICE: THE FOLLOWING INFORMATION IS REQUIRED BY MINNESOTA STATUTE 48.512
PRIOR TO OPENING A CHECKING ACCOUNT & DEBIT CARD WITH DANFOSS EMPLOYEES CREDIT UNION**

APPLICANT INFORMATION

| | | |
|--------------------------|----------------|------------------|
| Name: | | ACCOUNT#: |
| Date of birth: | SSN: | Phone: |
| Address: | | |
| City: | State: | Zip Code: |
| Driver's License: | E-mail: | Cell: |

EMPLOYMENT INFORMATION

| | | |
|---|---------------|------------------|
| Current employer: | | |
| Employer address: | | How long? |
| City: | State: | Zip Code: |
| Phone: | Ext: | E-mail: |
| Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferrable instrument? Yes or No (circle one) If so, where? | | |
| 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 transferrable instrument? Yes or No (circle one) If so, why? | | |
| Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument? Yes or No (circle one) If yes, give details: | | |

JOINT APPLICANT

**** (MUST BE THE JOINT ACCOUNT HOLDER ON ACCOUNT NUMBER LISTED ABOVE)****

| | | |
|--------------------------|----------------|------------------|
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Address: | | |
| City: | State: | ZIP Code: |
| Driver's License: | E-mail: | Cell: |

JOINT APPLICANT EMPLOYMENT INFORMATION

| | | |
|---|---------------|------------------|
| Current employer: | | How long? |
| Employer address: | | |
| City: | State: | Zip Code: |
| Phone: | Ext: | E-mail: |
| Within the last twelve (12) months, have you had a checking, share draft, or other account subject to withdrawal by negotiable or transferrable instrument? Yes or No (circle one) If so, where? | | |
| 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 transferrable instrument? Yes or No (circle one) If so, why? | | |
| Within the last twenty-four (24) months, have you been convicted of a criminal offense involving the use of a check or similar instrument? Yes or No (circle one) If yes, give details: | | |

SIGNATURES

I/we authorize Danfoss Employees Credit Union to obtain a consumer credit report and to verify any information made in this application by any means. I/we agree to the terms and conditions of the Checking Account and Debit Card Disclosure and the Electronic Funds Disclosure that governs my account. I/we declare under penalty of perjury that all the above information is true, correct, and complete.

| | |
|-------------------------|--------------|
| Applicant: | Date: |
| Joint Applicant: | Date: |