

## COOK AREA CREDIT UNION DRAFT ACCOUNT APPLICATION

NOTICE: The following information is required by Minnesota Statutes 48.512 prior to opening a draft account with this financial institution.

- 1 NAME \_\_\_\_\_
- 2 HOME ADDRESS \_\_\_\_\_
- 3 TELEPHONE NUMBER \_\_\_\_\_
- 4 DATE OF BIRTH \_\_\_\_\_
- 5 SOCIAL SECURITY NUMBER \_\_\_\_\_
- 6 DRIVER'S LICENSE NUMBER \_\_\_\_\_
- 7 EMPLOYER'S NAME \_\_\_\_\_
- 8 If a driver's license cannot be provided, then another form of identification is needed as follows: ID Number of document \_\_\_\_\_  
Description of document \_\_\_\_\_  
ID verified by \_\_\_\_\_ (CU employee)
- 9 Have you had a draft or similar account at any financial institution in past 12 months? \_\_\_yes\_\_\_no If yes, name of that institution \_\_\_\_\_
- 10 Have you had a draft or similar account closed without your consent at any financial institution in the past 12 months? \_\_\_ If yes, name that financial institution and the reason for closure \_\_\_\_\_
- 11 Have you been convicted of a criminal offense because of draft or similar account abuse within the past 24 months? \_\_\_ If yes, please give details \_\_\_\_\_

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING.  
I DECLARE UNDER PENALTY OR PERJURY THAT THE ABOVE  
INFORMATION IS CORRECT AND COMPLETE.

DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

I HEREBY GUARANTEE THIS ACCOUNT FOR \_\_\_\_\_

DATE AND SIGNATURE OF GUARANTOR \_\_\_\_\_