

Checking Modification Form

Name: _____ Acct # _____

Change checking # _____ to the following:

Freedom Checking - Free with e-Statements and up to \$6.00 in ATM fee refunds monthly.

Advantage Checking - \$200 minimum direct deposit, e-Statements, 15 signature debit card transactions to avoid a monthly fee of \$5. ATM refunds up to \$12 when all criteria is met monthly.

Other terms and conditions apply to these accounts as listed in the Master Account Agreement which governs deposit accounts.

By signing below, I understand that my checking account will be changed to the account chosen above. I also understand that there may be requirements that must be met to avoid being assessed a monthly fee and acknowledge receipt of the Master Account Agreement which explains all terms and conditions.

Signature

Date

Office Use

Form initiated by:

Change completed by (Teller #): _____ Date: _____