



Mailing Address: P.O. Box 26188, Lansing MI 48909-6188
lafcu.com • 517.622.6600

Checking Share Type Change Authorization

Date _____

Account # _____

Member Name _____

I authorize LAFCU to change my Checking Account Type as of this date as follows:

	From:	To:	Resulting In:
<input type="checkbox"/>	Regular Checking	E-Checking	<ul style="list-style-type: none"> All accrued dividends for the current month will be forfeited. The Monthly Maintenance Fee will be waived beginning with the current month.

or

<input type="checkbox"/>	E-Checking	Regular Checking	<ul style="list-style-type: none"> Dividends will start to accrue on the date of the change, and The Maintenance Fee will be assessed beginning with the current month.
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I understand that the new share type is bound by all terms and conditions in the Membership Agreement and Truth-in-Savings Rate and Fee Schedule.

Signature _____

E-Mail _____

Phone Number _____

- **Form must be submitted at least five (5) business days before the end of the month.**

For Credit Union Use Only:

Accepted by: _____ Teller # _____

Send to Back Office for Imaging