



REPRESENTATIVE PAYEE ACCOUNT APPLICATION

A **\$5 minimum deposit** is required with this completed form and a **photocopy of your driver's license or picture ID** (signed) to open a new membership account. When opening a checking account, be sure to include a **deposit of at least \$30** when you return this completed application. Representative payee papers are required.

Date	Member Number	Representative Payee Account Title
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Tell us about services you need (check all that apply.)

Savings Accounts

- Regular Savings
 Certificates
 IRAs
 Money Market

Checking Accounts

- eChecking
 Free Checking
 Rewards
 Free 55

Services

- Online Banking
 Online Bill Pay
 Cutele (telephone audio response)
 Debit Card
 Direct Deposit/Payroll Deduction

Section A: Representative Payee Account Title

Name of Representative Payee Account		Administration Paperwork From:	
Street Address (No PO Boxes)		Yrs Rep Payee	Years at Address
City	State	Zip	Website/Email Address
Phone	Cell Phone	Fax	
Social Security Number for Beneficiary			

Section B: Representative Payee Information

Name: Last, First, Middle		Social Security #	Birthdate
Street Address (No PO Boxes)		Driver's License #	Years at Residence
City	State	Zip	
Employer			Date of Hire
Home Phone	Work Phone	Cell Phone	Email
Have you lived in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, list others:	
How do you qualify for membership? <input type="checkbox"/> CHS <input type="checkbox"/> Land O'Lakes <input type="checkbox"/> Other _____ <input type="checkbox"/> Family <input type="checkbox"/> County _____			
Have you had a checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of institution: _____			
Have you had a checking account CLOSED by a financial institution without your consent within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of institution and reason: _____			
Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section C: Beneficiary Information

Name: Last, First, Middle		Social Security #	Birthdate
Street Address (No PO Boxes)		Driver's License #	Years at Residence
City	State	Zip	
Employer			Date of Hire
Home Phone	Work Phone	Cell Phone	Email
Have you lived in MN the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, list others:	
How do you qualify for membership? <input type="checkbox"/> CHS <input type="checkbox"/> Land O'Lakes <input type="checkbox"/> Other _____ <input type="checkbox"/> Family <input type="checkbox"/> County _____			
Has the beneficiary had a checking account at this or another financial institution within 12 months of making this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of institution: _____			

Section C: Beneficiary Information (continued)

Have you had a checking account CLOSED by a financial institution without your consent within 12 months of making this application?

Yes No If yes, name of institution and reason: _____

Have you been convicted of a criminal offense because of the use of a check or other similar item within 24 months of making this application? Yes No

IMPORTANT INFORMATION ABOUT PROCEDURE(S) FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account. What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Section E: Check Order Information

Member #: _____ Style Code: _____ Start #: _____ Qty: _____ Reorder #: _____

Line 1 _____ Line 3 _____

Line 2 _____ Line 4 _____

Section F: Share & Checking Account Agreement

Everything I/we have stated in this application is true to the best of my/our knowledge. I/We understand that Heartland will retain this application whether or not it is approved. Heartland is authorized to verify my/our employment, check my/out credit history and to answer questions about credit experience with my/us. By making this application, I/we agree to (1) the terms and conditions governing all Heartland accounts; (2) the terms and conditions of any agreements for specific services such as checking, savings, certificates and electronic banking; and (3) the terms of Heartland's fee and information schedule as amended from time to time. I/we also agree to all terms, whether posted in your premises, printed on deposit slips, contained in your fee and information schedule or enclosed with statements. I/We understand that any of the terms my be changed by Heartland from time to time. My/our signature below signifies that I/we have read the Account Agreement and Disclosure and agree to abide by its terms and conditions.

Rep Payee _____ Date _____

OFFICE USE ONLY

Beneficiary Rep Payee	ID Verified	OFAC Check	eFunds Check	Checks Ordered	Debit Card Blue/Black	Teller #	Verified By	HR
					Debit Card Blue/Black			