

## ACCOUNT CHANGE CARD

### SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information	<input type="checkbox"/> CHANGE	Joint Owner(s) Information	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Agent	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	POD/Trust Beneficiary	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Other: _____	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	Account Type/Services	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE

### OWNERSHIP INFORMATION CHANGES

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone: E-mail:	Password:
Employer:	Employer Address:

The account(s) is a Joint Account with Rights of Survivorship.

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone: E-mail:	
Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone: E-mail:	

### ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account  All Accounts  Designate Specific Accounts \_\_\_\_\_

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

Agency Print Name of Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Other:  All Accounts  Designate Specific Accounts \_\_\_\_\_  See Account Authorization Card

ACCOUNT TYPE		
<input type="checkbox"/> Share/Savings: _____ <input type="checkbox"/> Share Draft/Checking: _____ <input type="checkbox"/> Share Certificate/Certificate: _____	Suffix	<input type="checkbox"/> Money Market: _____ <input type="checkbox"/> HSA: _____ <input type="checkbox"/> Other: _____
ACCOUNT SERVICES		
<input type="checkbox"/> Payroll Deduction/Direct Deposit:		
<input type="checkbox"/> Audio Response:		
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):		
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:	
<input type="checkbox"/> PC Access/Internet Banking:		
<input type="checkbox"/> Other:		
AUTHORIZATION		
<p>I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.</p>		
<b>X</b> _____ <b>Signature</b> (primary member signature) <b>Date</b>	<b>X</b> _____ <b>Signature</b> (additional joint member signature) <b>Date</b>	
<b>X</b> _____ <b>Signature</b> (joint member signature) <b>Date</b>	<b>X</b> _____ <b>Signature</b> (additional joint member signature) <b>Date</b>	
<b>FOR CREDIT UNION USE ONLY</b>		
<input type="checkbox"/> See Account Authorization Card Date of Membership: _____ <input type="checkbox"/> Credit Report <input type="checkbox"/> Access Card	<input type="checkbox"/> Opened/App'd by: _____ <input type="checkbox"/> Check Verify <input type="checkbox"/> Audio Response	<input type="checkbox"/> See Insurance Beneficiary Election Member Verification: <input type="checkbox"/> PIN Request <input type="checkbox"/> PC Access/Internet Banking

Name Change ID needed – marriage certificate, social security card, piece of mail with new name and address (ex. utility bill)  
 Adding a joint owner(s) please include a copy of each joint owner(s) driver's license