



**CONSERVATION EMPLOYEES CREDIT UNION**  
 PO Box 180 Phone: 573-415-2220  
 2915 W Truman Blvd Fax: 573-415-2228  
 Jefferson City, MO 65102 cecunionline.org

## 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.)

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

### OWNERSHIP INFORMATION CHANGES

<b>Member/Owner:</b>	<b>Member No:</b>
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone:	Date of Birth:
Work Phone: E-mail:	Cell Phone:
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.

<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Cell Phone:
Work Phone: E-mail:	
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Cell Phone:
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: \_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

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

### ACCOUNT TYPE

<input type="checkbox"/> Share/Savings: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

**AUTHORIZATION**

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.

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

<b>FOR CREDIT UNION USE ONLY</b>	<input type="checkbox"/> <b>See Account Authorization Card</b>	<input type="checkbox"/> <b>See Insurance Beneficiary Election</b>
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking