

# 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.)

**Account Owner Information**  Change

**Agent**  Add  Change  Remove

**Trustee**  Add  Change  Remove

**Joint Owner(s) Information**  Add  Change

**POD/Trust Beneficiary**  Add  Change  Remove

**Account Type/Services**  Add  Change  Remove

## OWNERSHIP INFORMATION CHANGES

**Member/Owner** \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Listed      Unlisted

Work Phone (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

Account No. \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Password \_\_\_\_\_

Employment \_\_\_\_\_

**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 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 on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.

**Joint Owner** \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Password \_\_\_\_\_

E-mail \_\_\_\_\_

**Joint Owner** \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Password \_\_\_\_\_

E-mail \_\_\_\_\_

## ACCOUNT DESIGNATIONS

**Payable on Death (POD)/Trust Account**

All accounts

Designate specific account(s) \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Agency** Print Name of Agent \_\_\_\_\_

Signature \_\_\_\_\_ (date) \_\_\_\_\_

All Accounts

Designate specific account(s) \_\_\_\_\_

**Other** \_\_\_\_\_

See Account Authorization Card

### ACCOUNT TYPE

### ACCOUNT SERVICES

Share/Savings \_\_\_\_\_

Overdraft Protection (indicate transfer priority below) \_\_\_\_\_

Share Draft/Checking \_\_\_\_\_

Money Market \_\_\_\_\_

ATM Card \_\_\_\_\_

Share Certificate/Certificate \_\_\_\_\_

Debit Card \_\_\_\_\_

Other \_\_\_\_\_

Audio Response \_\_\_\_\_

Other \_\_\_\_\_

PC Access/Internet Banking \_\_\_\_\_

## 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 Rate and Fee Schedule, 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 a copy 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 Funds Transfer Agreement.

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

### CREDIT UNION USE ONLY

See Account Authorization Card

See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking