



MEDIA CITY
Community Credit Union

1020 W. Olive Avenue • Burbank, CA 91506
T: 818.238.2950 • F: 818.238.2979
mediacitycu.org

Account Change Request

Account Number: _____

TYPE OF CHANGE:

<input type="checkbox"/> Additional Service Request Section 1, 2 & 4	<input type="checkbox"/> Remove Joint Owner Section 1 & 3
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1. PRIMARY MEMBER INFORMATION

Primary Member Name _____		SSN/TIN _____	Date of Birth _____	
Street Address _____		City _____	State _____	ZIP Code _____
Home Phone _____		Work Phone _____	Cell Phone _____	
Driver's License _____	Mother's Maiden Name _____	Email Address _____		
Employer _____	Occupation/Job Title _____	Annual Salary _____		

2. ADDITIONAL SERVICES REQUEST - I hereby make application for the account(s)/access options indicated below and agree to the Disclosure and Agreement below. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Signature Card ("Application").

<input type="checkbox"/> Checking Account	Transfer From: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Check Enclosed	\$ _____
<input type="checkbox"/> Other Savings Account*	Transfer From: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Check Enclosed	\$ _____
<input type="checkbox"/> Money Market Account*	Transfer From: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Check Enclosed	\$ _____
<input type="checkbox"/> Certificate Account Term: _____	Transfer From: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Check Enclosed	\$ _____
<input type="checkbox"/> Holiday Club*	Transfer From: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Check Enclosed	\$ _____
<input type="checkbox"/> Overdraft Protection	From: <input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Visa Debit Card _____					

*May be opened by calling us at 818.238.2950

3. REMOVE JOINT OWNER - I hereby request that Media City Community Credit Union dissolve the joint share relationship accounts under the above referenced account number entered into by those set herein.

Primary Member Name _____	Joint Owner Name _____
X _____ MEMBER SIGNATURE DATE	X _____ JOINT OWNER SIGNATURE DATE

4. DISCLOSURE AND AGREEMENT

I / WE HEREBY AGREE TO CONFORM TO THE BY-LAWS (AS AMENDED) OF THE MEDIA CITY COMMUNITY CREDIT UNION. ACKNOWLEDGEMENT OF RECEIPT AND ACCEPTANCE OF TRUTH-IN-SAVINGS DISCLOSURE

In this Account Change Request form I/we, by signing below, acknowledge that I/we have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I/we have received a copy of the current Rate and Fee Schedule. All the terms, conditions and information contained in the disclosure and any amendments thereto ("Application") are by this reference incorporated in their entirety into this membership application and account agreement ("Application"). I/we authorize the Credit Union to obtain credit reports in connection with this account and any future services provided by the Credit Union as permitted by law. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making present and future credit opportunities available to me/us. I/we agree to be bound by the terms and conditions of the Disclosure and Application. I/we understand that the Credit Union may verify all information I/we have given on the Application.

X _____
PRIMARY MEMBER SIGNATURE DATE

X _____
JOINT OWNER SIGNATURE DATE

- FOR CREDIT UNION USE ONLY -

Remove J/O & dc OFAC chexsystems: _____ ssn issued: _____ scan id(s)

debit card order dc courtesy pay yes no Teller: _____ Date: ____/____/____

This application is approved by: _____ Date: _____