

**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:	Mother's Maiden Name:
Employment:	

Joint Account With Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

Joint Account Without Survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust or intestacy.

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

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

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

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

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

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

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

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
SSN/TIN:	SSN/TIN:
Date of Birth:	Date of Birth:

Agency Name of Agent: \_\_\_\_\_ (please print)  
Signature: \_\_\_\_\_ (date)

Other:  See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix \*

Suffix \*

- Share/Savings \_\_\_\_\_
- Share Draft/Checking \_\_\_\_\_
- Share Certificate \_\_\_\_\_

- Money Market \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

\* The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that ACCOUNT TYPE.

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

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 Funds Transfer Agreement.

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

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

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

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

FOR 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