



Membership Account Subsequent Action Request and Authorization

Member Account Number

Complete an Account Subsequent Action Request and Authorization Form for each member number that will have information changed.

Primary Member's Name _____
 Request by: Primary or Joint Name _____ SSN _____
 Driver's License # _____ State _____ Date Issued ___/___/___ Date Expires ___/___/___

Address Change

Physical Address _____
 Mailing Address _____
 Telephone Number (_____) _____ Email Address _____

Subsequent Account Opening

- Please check all specific types of products to be opened.
- Savings** [RS] (\$25 minimum) **Cash Card**
 - Super 60** [SS] (\$600 minimum to open)
 - Money Market Account** [MM] (\$500 minimum to open)
 - Payment Transfer** [PT]
 - Round Up Savings** [RU] (requires checking account with Visa Debit Card)
 - Custodian Account** [CA]
 - MCU4Kids Savings** [KS] (\$5 minimum)
 - MCU4Teens** [TS] (\$5 minimum)
 - Christmas Club** [CC] (check) (\$25 minimum)
 - Christmas Club Rollover** [CR] (\$25 minimum)
 - Christmas Club Transfer** [CT] Member Number _____ Account Type _____ Sub _____
 - Vacation Club** [VC] (\$25 minimum)
 - Term Share Certificate**
 - 5 Month** [B1] (\$500 minimum) **6 Month** [C1] (\$2,000 minimum)
 - 12 Month** [C2] (\$2,000 minimum) **18 Month** [C3] (\$2,000 minimum)
 - 24 Month** [C4] (\$2,000 minimum) **36 Month** [C5] (\$2,000 minimum)
 - 60 Month** [C7] (\$2,000 minimum) **6 Month Jumbo** [CJ] (\$50,000 minimum)
 - Individual Retirement Account** (IRA forms required, open for primary only)
 - Type of IRA Traditional Roth Coverdell Educational
 - Type of Product Shares Certificate (Term) _____
 - Payable on Death/Trust** (additional forms required and approval needed)

I acknowledge that: I have received disclosures regarding Funds Availability, Truth-In-Savings, and Electronic Fund Transfers, or
 I understand that I will receive such disclosure writing 20 days after my account is opened.

Name Change

***Name on account **MUST** match the name on the Social Security Card or ITIN Card ***

Old Name: _____ New Name: _____
 Verification Method (please provide copy) Driver's License Social Security Card

Signature and Authorization

By signing below, the undersigned acknowledges that such account(s) shall follow the same ownership and Payable-On-Death designation as the existing Membership Application.

Signature _____ Date ___/___/___

Credit Union Use Only

Teller Number Updated by _____ Date ___/___/___ Branch _____
 Teller Number Audited by _____ Date ___/___/___