

ACCOUNT CHANGE CARD

Account Number: _____

Account Owner(s): _____

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our account(s):

ACCOUNT TYPE: _____

Change Service is indicated below.

Add Account Owner(s). Add the following account owner on the account designated below.

The account is a multiple party account with rights of survivorship.

New Owner Name: _____ Birth Date: _____

Soc. Sec. #: _____ Phone #: _____

Address: _____ Email: _____

New Owner Name: _____ Birth Date: _____

Soc. Sec. #: _____ Phone #: _____

Address: _____ Email: _____

NOTE: Please submit a copy of state issued ID or driver's license.

Remove Account Owner: Remove the following account owner from the account designated above:

_____. We understand the removal of a Joint account owner requires the consent of all account owners.

The removed owner relinquishes all ownership interest. It does not relinquish my/our obligation on any loan account(s).

For deceased owners; provide copy of death certificate.

Delete Payable on Death (P.O.D.) Account Beneficiary

Beneficiary Name: _____

Beneficiary Name: _____

Add Payable on Death (P.O.D.) Account Beneficiary

Beneficiary: _____ Beneficiary: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

SSN _____ DOB _____ SSN _____ DOB _____

Change Name - Change name as follows:

Old Name: _____

New Name: _____

NOTE: Please submit copy of court order, marriage certificate, etc. showing authority of name change.

SERVICES TO BE CHANGED

Checking Accounts; Overdraft Protection from; None Regular Share

Sign my account up for eStatements Remove my account from eStatements

Other: _____

AUTHORIZATION

By signing below, I/we agree that the changes on this form amend the previous account card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and any other 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 herein.

X _____ X _____
Primary Member Signature/Date Joint Owner Signature/Date

X _____ X _____
Primary Member Signature/Date Joint Owner Signature/Date

*** FOR CREDIT UNION USE ONLY ***

Handled by: _____ Date: _____

OFAC Verified by: _____ Date: _____