

Account Change Form

SUBSEQUENT ACTIONS

Date:

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 CHANGE

Joint Owner(s) Information ADD CHANGE REMOVE

Agent ADD CHANGE REMOVE

POD/Trust Beneficiary ADD CHANGE REMOVE

Other: _____ ADD CHANGE REMOVE

Account Type/Services ADD CHANGE REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner: _____

Member No:

Street: _____

SSN/TIN: _____

City/State/Zip: _____

Driver's Lic. No: _____

Home Phone: _____

Date of Birth: _____

Listed Unlisted

Mother's Maiden Name: _____

Work Phone: _____

Employer: _____

Cellular Phone: _____

Email: _____

The account(s) is a Joint Account **With Rights of Survivorship** **Without 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 the 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 in the "ACCOUNT TYPE" section. 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: _____

Mother's Maiden Name: _____

Listed Unlisted

Employer: _____

Work Phone: _____

Email: _____

Cellular Phone: _____

Joint Owner: _____

SSN/TIN: _____

Street: _____

Driver's Lic. No: _____

City/State/Zip: _____

Date of Birth: _____

Home Phone: _____

Mother's Maiden Name: _____

Listed Unlisted

Employer: _____

Work Phone: _____

Email: _____

Cellular Phone: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary /POD Payee:
Street:
City/State/Zip:
D.O.B:
SSN:

Agency Agent only for HSA

Print Name of Agent:
Signature: Date:

Other: See Account Authorization Card

ACCOUNT TYPE

ACCOUNT SERVICES

Suffix #

Share/Savings:
Share Draft/Checking:
Share Certificate/Certificate:
Money Market:
HSA:
Other:
Other:

Payroll Deduction/Direct Deposit:
Overdraft Protection (Indicate transfer priority):
ATM Card:
Debit Card:
Audio Response:
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, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

X Signature Date
X Signature Date

X Signature Date
X Signature Date

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Membership: Opened/App'd by: Member Verification: