

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: 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 #:		
Member/Owner:	_	
Street:	SSN/TIN:	
Former City/State/Zip:	Driver's Lic. #:	
New City/State/Zip:	Date of Birth:	
Home Phone:	Employer:	
☐ LISTED ☐ UNLISTED	Password:	
Work Phone:	Email:	
This account(s) is a Joint Account	oint account owner(s) relinquish(es) ownership interest including any section. This relinquishment does not affect my/our obligation on any SSN/TIN: Driver's Lic. #: Date of Birth: Password: Employer:	
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) relinquish(es) 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: SSN/TIN:		
Street:		
City/State/Zip:		
Home Phone:		
LISTED UNLISTED	Employer:	
Work Phono:	⊢wan.	



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ACCOUNT DESIGNATIONS			
Payable on Death (POD)/Trust Account			
☐ All Accounts ☐ Designate	Specific Accounts:		
Beneficiary/POD Payee:	Beneficiary/F	POD Payee:	
Street:	Street:		
City/State/Zip: City/State/Zip:			
Agency Print Name of Agent:			
Signature:		Date:	
All Accounts Designate Specific Accounts:			
Other:		See Account Authorization Card	
ACCOUNT TYPE		ACCOUNT SERVICES	
Suffix #	Payroll Deduct	ion/Direct Deposit:	
Share/Savings:	Overdraft Prot	ection (Indicate transfer priority):	
Share Draft/Checking:			
Share Certificate/Certificate:	ATM Card:		
Money Market:	Debit Card:	Debit Card:	
☐ HSA:	Audio Respon:	se:	
Other:	PC Access/Inte	ernet Banking:	
Other:	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. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. X			
Signature	Date Signature	Date	
XSignature	X Date Signature		
Signature	Date Signature	Bute	
IN-OFFICE USE ONLY			
	See Account Change 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	

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.