

# Account Change Card

## Subsequent Action

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	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	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's Name

Street	Social Security Number
City/State/Zip	Driver's License Number
Home Phone Number	Date Of Birth
Employer	Work Phone Number
Email Address	
Security Question	Answer

Joint Account With Rights Of Survivorship  Joint Account Without Rights Of Survivorship

**Joint Owner:** If required by the credit union, removal of a joint account owner requires consent of all owner, and we will hold credit union harmless for accounts 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 effect my/our obligation on any loan accounts.

<b>Joint Owner's Name</b>	Social Security Number
Street	Driver's License Number
City/State/Zip	Date Of Birth
Home Phone Number	Email Address
Security Question	Answer

## Account Designations

### Payable on Death (POD) / Trust Account

Beneficiary/POD Payee	Beneficiary/POD Payee
Street	Street
City/State/Zip	City/State/Zip

### Agency Print Name of Agent

Signature
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### Other:

## Account Type

<input type="checkbox"/> Share Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Checking _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> 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 agreement and disclosures applicable to the accounts and service 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 and Disclosure.

Member's Signature	Date
Joint Member's Signature	Date

## Credit Union Use Only

Member Number _____	ID Verification Check <input type="checkbox"/>	Membership Eligibility _____	Employee Initials _____
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