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## ACCOUNT CHANGE CARD

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

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### TYPE OF CHANGE

(Please indicate the type of change and complete only the information that affects the change.)

Account Owner Information  Change  
Agent  Add  Change  Remove  
Trustee  Add  Change  Remove

Joint Owner(s) Information  Add  Change  Remove  
POD/Trust Beneficiary  Add  Change  Remove  
Account Type/Services  Add  Change  Remove

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### OWNER INFORMATION CHANGE

Member/Owner \_\_\_\_\_

Account Number \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Home E-mail \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Work E-mail \_\_\_\_\_

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The account(s) is a Joint Account  with Survivorship  without Survivorship

**Joint Owner:** The following does not apply to Business/Organization Accounts. Removal of a joint owner from an account requires that the account be closed and a new account be established.

Joint Owner \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Home E-mail \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Work E-mail \_\_\_\_\_

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Joint Owner \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Home E-mail \_\_\_\_\_

SSN/TIN \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Work E-mail \_\_\_\_\_

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**ACCOUNT DESIGNATION**

- Payable on Death (POD)/Trust Account       All accounts  
 Designate specific account(s) \_\_\_\_\_  
Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_  
Street \_\_\_\_\_ Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Agency Print name of Agent \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
 All Accounts     Designate specific account(s) \_\_\_\_\_  
 Other \_\_\_\_\_       See Account Authorization Card
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- Savings/Share \_\_\_\_\_       Checking/Share Draft \_\_\_\_\_  
 Money Market \_\_\_\_\_       Certificate of Deposit \_\_\_\_\_  
 Overdraft Protection \_\_\_\_\_  
 ATM Card \_\_\_\_\_       Debit Card \_\_\_\_\_  
 Audio Response \_\_\_\_\_       PC Access/Internet Banking \_\_\_\_\_  
 Other \_\_\_\_\_       Other \_\_\_\_\_
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**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 Rate and Fee Schedule, and Funds Available 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 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.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date Signature Date

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date Signature Date

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

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

See Account Authorization Card       See Insurance Beneficiary Card