

**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.)

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

**Your Email Address:**       **Account #**

**Primary Account Owner**

<b>First Name</b>	<b>M. I.</b>	<b>Last Name</b>	<b>Mother's Maiden Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Address</b>	<b>City</b>	<b>State, Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Social Security Number (TIN)</b>	<b>Driver's License Number</b>	<b>DL State</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Birth date:**  MM/DD/YYYY

**Eligibility for Membership:**

**Telephone Numbers:**      **Occupation:**

**Home:**       **Work:**       **Cell:**

**Joint Account Owner**

<b>First Name</b>	<b>M. I.</b>	<b>Last Name</b>	<b>Social Security Number (TIN)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Address</b>	<b>City</b>	<b>State, Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Home #:**       **Work #:**       **Cell #:**

<b>Driver's License #</b>	<b>Driver's License State</b>	<b>Birth Date</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Beneficiary Information**

Payable on Death  All accounts  
 Designate specific accounts

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Relationship</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>		<b>City, State, Zip Code</b>	<b>Telephone</b>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<b>Social Security Number (TIN)</b>		<b>Birth Date:</b>	<input type="text"/>
<input type="text"/>			

Account Type	Account Services
<input type="checkbox"/> Share/Savings	<input type="checkbox"/> VISA Check Card
<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> Audio Response
<input type="checkbox"/> Christmas	<input type="checkbox"/> Home Banking
<input type="checkbox"/> Vacation	<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 Rate and Fee Schedule, 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 a copy of the Agreements and Disclosures applicable to the account 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.

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

<b>For Credit Union Use Only</b>
Date of Change _____ Approved by _____ Member Verification _____ Credit Report _____ Check Verify _____ OFAC Check _____