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
Agent ☐ ADD ☐ CHANGE ☐ REMOVE
Other: _____ ☐ ADD ☐ CHANGE ☐ REMOVE
Joint Owner(s) Information ☐ ADD ☐ CHANGE ☐ REMOVE
POD/Trust Beneficiary ☐ 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 Password: _____
Work Phone: _____ Employer: _____
E-mail: _____

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: _____ Password: _____
☐ Listed ☐ Unlisted Employer: _____
Work Phone: _____ E-mail: _____

Joint Owner: _____ SSN/TIN: _____
Street: _____ Driver's Lic. No: _____
City/State/Zip: _____ Date of Birth: _____
Home Phone: _____ Password: _____
☐ Listed ☐ Unlisted Employer: _____
Work Phone: _____ E-mail: _____

LOANLINER.

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ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD)/Trust Account**

☐ All Accounts ☐ Designate Specific Accounts: _____

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 Accounts: _____

☐ **Other:** _____ ☐ See Account Authorization Card

ACCOUNT TYPE

Suffix #

☐ Share/Savings: _____

☐ Share Draft/Checking: _____

☐ Share Certificate/Certificate: _____

☐ Money Market: _____

☐ HSA: _____

☐ Other: _____

☐ Other: _____

ACCOUNT SERVICES

☐ 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. 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

X _____ Signature Date

X _____ Signature Date

X _____ Signature Date

FOR CREDIT UNION USE ONLY

Date of Membership: _____

☐ Credit Report

☐ Access Card

☐ **See Account Change Card**

Opened /App'd by: _____

☐ Check Verify

☐ Audio Response

☐ **See Insurance Beneficiary Card**

Member Verification: _____

☐ PIN Request

☐ PC Access/Internet Banking