



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 ___ Add ___ Change ___ Remove **Joint Owner(s) Information** ___ Add ___ Change ___ Remove
Agent ___ Add ___ Change ___ Remove **POD/ Trust Beneficiary** ___ Add ___ Change ___ Remove
Acct Type/ Services ___ Add ___ Change ___ Remove **Other:** ___ Add ___ Change ___ Remove

Ownership Information Changes

Member / Owner:		Member No.	
Physical Address:		SSN/ TIN:	
City / State/ Zip:		Driver's License No.:	
Mailing Address (If different):		Date of Birth:	
City / State/ Zip:		Password:	
Employer:		Password Hint:	
Home Phone:		Cell Phone:	
		Alternate Phone:	

This Account(s) is a Joint Account: ___ with Rights of Survivorship ___ without Rights of Survivorship
Joint Owner: It is required by the Credit Union, removal of a joint account owner requires consent of all owners. A Delete Joint Owner Consent Form may be completed to satisfy this requirement. By removing the Joint Owner 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:	
Physical Address:		Driver's License No.:	
City / State/ Zip:		Date of Birth:	
Mailing Address (If different):		Password:	
City / State/ Zip:		Password Hint:	
Home Phone:		Cell Phone:	
		Alternate Phone:	

Joint Owner:		SSN/ TIN:	
Physical Address:		Driver's License No.:	
City / State / Zip:		Date of Birth:	
Mailing Address (If different):		Password:	
City / State/ Zip:		Password Hint:	
Home Phone:		Cell Phone:	
		Alternate Phone:	

Account Designations

___ Payable on Death (POD) / Trust Account ___ All Accounts ___ Designate Specific Accounts: _____

Beneficiary / POD Payee:		Beneficiary / POD Payee:	
Mailing Address:		Mailing Address:	
City/ State/ Zip:		City/ State/ Zip:	

___ Agency Print Name of Authorized Agent: _____
 Signature of Agent: _____
 ___ Authorization on ALL ACCOUNTS ___ Designated Specific Accounts: _____

Other: See Account Authorization Card

Account Type		Account Services	
___ Share/ Savings:		Overdraft Protection (indicate transfer priority)	
___ Share Certificate:		Debit Card	
___ Share Draft/ Checking:		Home Banking	
Other:		Other:	

I/ We agree that the changes on this Account Change 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 agreements and disclosures applicable to the accounts and services requested above. If an access card of EFT service is requested and provided, I/ we agree to the terms 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

___ See Account Authorization Card ___ See Insurance Beneficiary Election

Date of Update: _____ Completed by: _____ Member Verification: _____