



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	<input type="checkbox"/> CHANGE	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/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone: _____	Password:
E-mail: _____	Employer Address:
Employer: _____	

The account(s) is a Joint Account: with Rights of Survivorship without Rights of Survivorship Marital Account Without 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: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone: _____	E-mail: _____

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone: _____	E-mail: _____

ACCOUNT TYPE

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Club: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> ATM Card: _____	<input type="checkbox"/> Debit Card: _____
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> Other:	

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
 All Accounts Designate Specific Accounts

RIGHTS AT DEATH (select one and initial):

- _____ SINGLE PARTY ACCOUNT
 At death of the party, ownership passes as part of the party's estate.
- _____ SINGLE PARTY ACCOUNT WITH A PAY ON DEATH (POD) DESIGNATION
 At death of the party, ownership passes to the designated POD beneficiaries and is not part of the party's estate. (Name one or more beneficiaries in the "BENEFICIARIES" section.)
- _____ MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP
 At death of the party, ownership passes to the surviving party or parties.
- _____ MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND A PAY ON DEATH (POD) DESIGNATION
 At death of the last surviving party, ownership passes to the designated POD beneficiaries and is not part of the last surviving party's estate. (Name one or more beneficiaries in the "BENEFICIARIES" section.)

BENEFICIARIES

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Date of Birth: _____	Date of Birth: _____
Social Security Number: _____	Social Security Number: _____

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Date of Birth: _____	Date of Birth: _____
Social Security Number: _____	Social Security Number: _____

- UTMA/UGMA** (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act)
 Minor's SSN/TIN: _____
- Agency** Print Name of Agent: _____
 Signature _____ Date: _____
- All Accounts Designate Specific Accounts
- Other:** _____ See Account Authorization Card
- Agency** Print Name of Agent: _____
 Signature: _____ Date: _____
- All Accounts Designate Specific Accounts
- Other:** _____ See Account Authorization Card

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 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 Fund Transfers Agreement and Disclosure.

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Authorization Card	<input type="checkbox"/> See Insurance Beneficiary Election
Date of Membership: _____	Opened/App'd by: _____	Member Verification: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking