

## 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.)

<b>Member/Owner Information</b>	<input type="checkbox"/> CHANGE	<b>Joint Owner(s) Information</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE
<b>Agent</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>POD/Trust Beneficiary</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE
<b>Other:</b> _____	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>Account Type/Services</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE

### OWNERSHIP INFORMATION CHANGES

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

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.

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

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

### 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.

<b>X</b> _____	<b>X</b> _____
Signature	Signature
Date	Date
<b>X</b> _____	<b>X</b> _____
Signature	Signature
Date	Date

- FOR CREDIT UNION USE ONLY**       See Account Authorization Card       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