

# ACCOUNT CHANGE CARD

<b>SUBSEQUENT ACTIONS</b>	I/We authorize the Credit Union to make and accept the following changes to my/our accounts: <b>TYPE OF CHANGE</b> (Please indicate the type of change and complete only the information that affects the change.)							
	<b>Account Owner Information</b>				<b>Joint Owner(s) Information</b>			
	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<input type="checkbox"/> Change	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove
	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<input type="checkbox"/> Add	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<input type="checkbox"/> Remove

<b>OWNERSHIP INFORMATION CHANGES</b>	<b>Member/Owner:</b>			<b>Account No.</b>		
	Street:			SSN/TIN:		
	City/State/Zip:			Driver's Lic. No.:		Issue:
	Home Phone: ( ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted			Date of Birth:		
	Work Phone: ( )		E-mail:	Mobile Phone No.:		
	Employment					
	The account(s) is a Joint Account <input type="checkbox"/> <b>With Survivorship</b> <input type="checkbox"/> <b>Without Survivorship</b>					
	<b>Joint Owner:</b> If required by the Credit Union, removal of a joint Account Owner requires consent of all owners, and we will hold 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 on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.					
	<b>Joint Owner:</b>			SSN/TIN:		
	Street:			Driver's Lic. No.:		Issue:
	City/State/Zip:			Date of Birth:		
	Home Phone: ( ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted			Mobile Phone No.:		
	Work Phone: ( )		E-mail:			
	<b>Joint Owner:</b>			SSN/TIN:		
	Street:			Driver's Lic. No.:		Issue:
City/State/Zip:			Date of Birth:			
Home Phone: ( ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted			Mobile Phone No.:			
Work Phone: ( )		E-mail:				

<b>ACCOUNT DESIGNATIONS</b>	<input type="checkbox"/> <b>Payable on Death (POD)/Trust Account</b>		<input type="checkbox"/> All Accounts:		<input type="checkbox"/> Designate specific account(s)	
	Beneficiary/POD Payee:		Beneficiary/POD Payee:			
	Street:		Street:			
	City/State/Zip:		City/State/Zip:			
	<input type="checkbox"/> <b>Agency</b> Print Name of Agent: Signature		<input type="checkbox"/> All Accounts		<input type="checkbox"/> Designate Specific Account(s) (date)	
	<input type="checkbox"/> <b>Other</b>					

ACCOUNT TYPE		ACCOUNT SERVICES	
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:	<input type="checkbox"/> Overdraft Protection (indicate transfer priority below):	
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Living Trust:	<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Zip 24:
<input type="checkbox"/> Share Certificate/Certificate:	<input type="checkbox"/> Other:	<input type="checkbox"/> Debit Card:	<input type="checkbox"/> eBranch:

**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 amendments 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 Funds Transfer Agreement.

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

**FOR CREDIT UNION USE ONLY**

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report <input type="checkbox"/> OFAC <input type="checkbox"/> Scan all documents	<input type="checkbox"/> Chex Systems	<input type="checkbox"/> PIN Request
<input type="checkbox"/> ATM/Debit Card <input type="checkbox"/> Scan IDs <input type="checkbox"/> Make File <input type="checkbox"/> File	<input type="checkbox"/> Zip 24	<input type="checkbox"/> Ebranch