

**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>Account 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>Address Change</b>	<input type="checkbox"/> Change	<b>Name Change</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
<b>POA</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>Trustee</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
	<b>Receive PFCUnews (a marketing electronic newsletter)</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
	<b>Statement pick-up through electronic notification</b>		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove

**OWNERSHIP INFORMATION CHANGES**

<b>Member/Owner</b>	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Date of Birth _____
Home Phone _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Mother's Maiden Name _____
Driver's License _____	Employer _____
Eligibility _____	Street _____
E-mail _____	City/State/Zip _____
	Work Phone _____

I agree to receive electronic notification that my statement is ready for viewing and downloading. When I provide my e-mail address I will then receive a welcome to PFCU's **eStatement** delivery via e-mail.

**Joint Owner:** 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 _____	ID _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
E-mail _____	Work Phone _____
Employer _____	

<b>Joint Owner</b> _____	SSN/TIN _____
Street _____	ID _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Mother's Maiden Name _____
E-mail _____	Work Phone _____
Employer _____	

ACCOUNT DESIGNATIONS

Trust Account (with Documentation)

Beneficiary Street City/State/Zip SSN/TIN Date of Birth

Payable on Death

Trustee Street City/State/Zip SSN/TIN Date of Birth

POA (Power of Attorney — with Documentation)

Print Name Signature (date)

ACCOUNT TYPE

ACCOUNT SERVICES

Savings Checking Money Market Term Certificate Other Overdraft Protection VISA Debit Card TAP/Audio Response Online Banking / EPay

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Application/Account Card and are subject to the terms and conditions of either the Master Share Account and Credit Card Agreements or the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

X Signature Date X Signature Date X Signature Date X Witness Notary

Signed and sworn before me this day of month, year

PIN # Member Name