

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 Agent <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	Joint Owner(s) Information <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 Account Type/Services <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE
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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: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Employer:	Employer Address:

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

ACCOUNT DESIGNATIONS

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

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

Agency Print Name of Agent: _____
 Signature: _____ Date: _____
 All Accounts Designate Specific Accounts _____

Other: _____ See Account Authorization Card

ACCOUNT TYPE

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

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

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 have received and read 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

See Account Authorization Card

See Insurance Beneficiary Election

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking