



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: ()	E-mail:	Password:
	Employment:		
	The account(s) is a Joint Account <input type="checkbox"/> With Survivorship <input type="checkbox"/> 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 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 below. 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 DESIGNATIONS	<input type="checkbox"/> Payable on Death (POD)/Trust Account <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"/> Agency Print Name of Agent <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s): Signature _____ (date)	
	<input type="checkbox"/> Other: <input type="checkbox"/> See Account Authorization Card	

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"/> Other:	<input type="checkbox"/> ATM Card: <input type="checkbox"/> Audio Response:
<input type="checkbox"/> Share Certificate/Certificate:	<input type="checkbox"/> Debit Card: <input type="checkbox"/> PC Access/Internet Banking:

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 Funds Transfer Agreement.

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

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