



CHANGE CARD

CURRENT ACCOUNT INFORMATION

Primary Member _____ Account Number _____
 Address Change: Street _____ Social Security Number _____
 City/State/Zip _____
 Mailing Address _____ Email _____
 Home Phone _____ Work Phone _____ ext. _____

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). Terminate Account/Services

ACCOUNT TYPE

- Savings
- Checking
- Money Market

ACCOUNT SERVICES

- Overdraft Protection
- Debit Card
- Other Services _____

Add Joint Owner. Add All accounts. The Joint Account(s) is a Multiple Party Account with Rights of Survivorship.

Joint Owner

Street _____
 City/State/Zip _____
 Phone Home: () _____ Work: () _____

SSN / TIN _____
 Driver's Lic. No. _____ State: _____
 Date of Birth _____
 OFAC Number _____

Joint Owner

Street _____
 City/State/Zip _____
 Phone Home: () _____ Work: () _____

SSN / TIN _____
 Driver's Lic. No. _____ State: _____
 Date of Birth _____
 OFAC Number _____

Add Agent. Add the following agent: Name: _____ All Accounts

POD/Trust Account Beneficiary. Replace Add Remove
 the following POD/Trust Account Beneficiary to the following account(s):
 All Accounts Designate specific Accounts

POD/Trust Account **Beneficiary** (Name)
 Street, City/State/Zip _____

POD/Trust Account **Beneficiary** (Name)
 Street, City/State/Zip _____

Change Trustee Add Remove the Trustee named below on the following account(s): All Accounts

Trustee
 Street, City/State/Zip _____

Change Name. New Name: _____
 Former Name: _____ Driver's Lic. Number _____ State: _____

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 amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested above. If an access is requested and provided, I/We agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY		
Date of Update:	Applied By:	Member Verification:

OFFICE USE ONLY _____ Initial
<input type="checkbox"/> Member Service
<input type="checkbox"/> VISA Debit
<input type="checkbox"/> Accounting
<input type="checkbox"/> Mortgage
<input type="checkbox"/> Loans
<input type="checkbox"/> _____

NOTARY CERTIFICATE

STATE OF _____
COUNTY OF _____
Before me appeared _____, who is
personally known or produced the following ID
on this _____ day of _____, 20____.
My commission expired on _____, 20____.
NOTARY SIGNATURE _____
PRINTED NAME _____