



# CHANGE CARD

## CURRENT ACCOUNT INFORMATION ON FILE

Primary Member \_\_\_\_\_ Member Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

ACCOUNT TYPE		ACCOUNT SERVICES
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CERTIFICATE OF DEPOSIT	<input type="checkbox"/> OVERDRAFT PROTECTION
<input type="checkbox"/> CHECKING	<input type="checkbox"/> LOAN	<input type="checkbox"/> DEBIT CARD
<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER SERVICES _____

## TYPE OF CHANGE

- Add/Change/Remove POD/Trust Account Beneficiary    Add/Change/Remove Trustee    Change Address    Update Contact Information  
 Change Name    Add Account    Add Joint Owner    Terminate Account/Services

## ACCOUNTS TO UPDATE/CHANGE/ADD

- All Accounts    Savings    Checking    Money Market    Certificate of Deposit    Loan    Other \_\_\_\_\_

## NEW ACCOUNT INFORMATION

- Add/Change/Remove POD/Trust Account Beneficiary    Replace    Add    Remove

POD/Trust Account Beneficiary (1) \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
 Street/City/State/Zip \_\_\_\_\_

POD/Trust Account Beneficiary (2) \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_  
 Street/City/State/Zip \_\_\_\_\_

- Add/Change/Remove Trustee    Replace    Add    Remove

Trustee \_\_\_\_\_  
 Street/City/State/Zip \_\_\_\_\_

- New Address

Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

- Update Contact Information

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_



# CHANGE CARD

## NEW ACCOUNT INFORMATION - CONTINUED

■ Change Name

Name Changed To \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ Issued \_\_\_\_\_

■ Add Joint Owner    Replace    Add    Remove

Joint Owner \_\_\_\_\_ OFAC # \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_

Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_ Issued \_\_\_\_\_

## 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 CU 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 \_\_\_\_\_