

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 CHANGE **Joint Owner(s) Information** ADD CHANGE REMOVE
Agent ADD CHANGE REMOVE **POD/Trust Beneficiary** ADD CHANGE REMOVE
Other _____ ADD CHANGE REMOVE **Account Type/Services** ADD CHANGE REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner _____ **Member No.** _____
Street _____ **SSN/TIN** _____
City/State/Zip _____ **Driver's Lic. No.** _____
Home Phone () _____ **Date of Birth** _____
 Listed Unlisted
Password _____
Work Phone () _____ **Employment** _____
E-mail _____

The account(s) is a Joint Account **With Survivorship** **Without Survivorship**

Joint Owner _____ **SSN/TIN** _____
Street _____ **Driver's Lic. No.** _____
City/State/Zip _____ **Date of Birth** _____
Home Phone () _____ **Password** _____
Work Phone () _____ **E-mail** _____

Joint Owner _____ **SSN/TIN** _____
Street _____ **Driver's Lic. No.** _____
City/State/Zip _____ **Date of Birth** _____
Home Phone () _____ **Password** _____
Work Phone () _____ **E-mail** _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

Agency Print Name of Agent _____

Signature _____ (date) _____

Other _____ See Account Authorization Card

ACCOUNT TYPE	ACCOUNT SERVICES
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Share/Savings _____

Share Draft/Checking _____

Money Market _____

Share Certificate _____

Other _____

Other _____

Payroll Deduction/Direct Deposit

Overdraft Protection (indicate transfer priority below)

ATM Card _____

Debit Card _____

Audio Response _____

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 acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card of EFT service is requested and provided, I/we agree to the terms of 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	<input type="checkbox"/> See Account Change 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"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking