

# 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 Payee**  ADD  CHANGE  REMOVE

**Other:** \_\_\_\_\_  ADD  CHANGE  REMOVE **Account Type/Services**  ADD  CHANGE  REMOVE

## OWNERSHIP INFORMATION CHANGES

**Member/Owner:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Listed  Unlisted

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Member No:** \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Password: \_\_\_\_\_

Employer: \_\_\_\_\_

**Joint Account with Rights of Survivorship.** On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

**Joint Account without Rights of Survivorship.** On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy.

**X** \_\_\_\_\_

Signature Member/Owner

**X** \_\_\_\_\_

Signature Joint Owner

**X** \_\_\_\_\_

Signature Joint Owner

**X** \_\_\_\_\_

Signature Member/Owner

**X** \_\_\_\_\_

Signature Joint Owner

**X** \_\_\_\_\_

Signature Joint Owner

**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:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Password: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Driver's Lic. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Password: \_\_\_\_\_

E-mail: \_\_\_\_\_

**LOANLiner**

## ACCOUNT DESIGNATIONS

**Payable on Death (POD) Account**

All Accounts  Designate Specific Accounts: \_\_\_\_\_

Payee: \_\_\_\_\_ 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 #

Share/Savings: \_\_\_\_\_

Share Draft/Checking: \_\_\_\_\_

Share Certificate/Certificate: \_\_\_\_\_

Money Market: \_\_\_\_\_

HSA: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

### ACCOUNT SERVICES

Payroll Deduction/Direct Deposit: \_\_\_\_\_

Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_

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, 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. 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 Change Card  See Insurance Beneficiary Card

Date of Membership: \_\_\_\_\_ Opened /App'd by: \_\_\_\_\_ Member Verification: \_\_\_\_\_

Credit Report  Check Verify  PIN Request

Access Card  Audio Response  PC Access/Internet Banking