

Member No. \_\_\_\_\_

## ACCOUNT CHANGE CARD

Joint Ownership information

Add Account Type

Beneficiary Change

### ACCOUNT/SERVICES

Checking \_\_\_\_\_  You Name It Savings \_\_\_\_\_  Holiday Savings \_\_\_\_\_  Money Market \_\_\_\_\_  Certificate \_\_\_\_\_

e-Communications (e-Statements, e-Notices and Disclosures)  e-Receipts  Remote Deposit  Online Banking  Debit Mastercard

### OWNERSHIP INFORMATION

*[Ownership changes will apply to accounts indicated under Account/Services]*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Driver's License/Other ID \_\_\_\_\_

SSN/T.I.N. \_\_\_\_\_

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

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

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

Cell Phone \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Country of Citizenship (if not U.S.) \_\_\_\_\_

State \_\_\_\_\_ Expiration \_\_\_\_\_

The addition of a joint owner requires consent of all owners. By requesting this change and signing this Account Change Card, we agree to indemnify and hold the Credit Union harmless for any and all actions resulting from or relating to account access.

**Joint Owner Name 1** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Existing Member #/e Funds \_\_\_\_\_

Driver's License/Other ID \_\_\_\_\_

SSN/T.I.N. \_\_\_\_\_

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

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

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

Cell Phone \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Country of Citizenship (if not U.S.) \_\_\_\_\_

State \_\_\_\_\_ Expiration \_\_\_\_\_

**Joint Owner Name 2** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Existing Member #/e Funds \_\_\_\_\_

Driver's License/Other ID \_\_\_\_\_

SSN/T.I.N. \_\_\_\_\_

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

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

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

Cell Phone \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Country of Citizenship (if not U.S.) \_\_\_\_\_

State \_\_\_\_\_ Expiration \_\_\_\_\_

**Joint Owner Name 3** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Existing Member #/e Funds \_\_\_\_\_

Driver's License/Other ID \_\_\_\_\_

SSN/T.I.N. \_\_\_\_\_

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

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

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

Cell Phone \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Country of Citizenship (if not U.S.) \_\_\_\_\_

State \_\_\_\_\_ Expiration \_\_\_\_\_

**BENEFICIARY DESIGNATIONS**

*[Beneficiary designations will apply to accounts indicated under Account/Services. Upon the death of the owner, or the last surviving owner if there is more than one, the person(s) listed below (if any), shall be beneficiaries on the account(s) described above in equal shares as is more fully set forth in the Membership and Account Agreement]*

Name \_\_\_\_\_ SSN/T.I.N. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ SSN/T.I.N. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ SSN/T.I.N. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**AUTHORIZATION**

By signing below, the undersigned authorizes the Credit Union to make the changes set forth above. I/We understand and agree that the changes on this Account Change Card amend the previously signed Application and/or Account Card. I/We agree that I/we are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures and Funds Availability Policy Disclosure, if applicable, Rate and Fee Schedules, 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 Membership and Account Agreement and Disclosures applicable to the accounts and services requested. If I/we have requested an access card or EFT service, I/we agree to be bound by the terms and conditions of the Electronic Funds Transfer Agreement and Disclosures and acknowledge receipt of the same. I/we authorize the Credit Union to verify credit and employment history from time to time by any means, including obtaining a consumer report prepared by a consumer reporting agency in order to determine if I/we am/are eligible for the account applied for and to determine, from time to time, if we are eligible for any other product or service offered by the Credit Union to its members.

X \_\_\_\_\_ Date \_\_\_\_\_  
Owner

X \_\_\_\_\_ Date \_\_\_\_\_  
Joint Owner 1

X \_\_\_\_\_ Date \_\_\_\_\_  
Joint Owner 2

X \_\_\_\_\_ Date \_\_\_\_\_  
Joint Owner 3

**FOR CREDIT UNION USE ONLY**

Discrepancy Documentation  
\_\_\_\_\_  
\_\_\_\_\_

Membership Officer \_\_\_\_\_ Employee Initials \_\_\_\_\_ Date \_\_\_\_\_