



**ACCOUNT CHANGE CARD**

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 Agent:  Add  Change  Remove  
 Joint Owner(s) Information:  Add  Change  Remove Other: \_\_\_\_\_  Add  Change  Remove  
 Account Service:  Add  Change  Remove POD Payee:  Add  Change  Remove

**ACCOUNT TYPE**

Share/Savings: \_\_\_\_\_  Share Draft/Checking: \_\_\_\_\_  Money Market: \_\_\_\_\_  
 Share Certificate: \_\_\_\_\_  Other: \_\_\_\_\_  Other: \_\_\_\_\_

**OWNERSHIP INFORMATION CHANGES**

Member/Owner: \_\_\_\_\_ **Member #:** \_\_\_\_\_  
 Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DL #: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Password: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**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: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DL #: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Password: \_\_\_\_\_ Email: \_\_\_\_\_

**Joint Owner:** \_\_\_\_\_  
 Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DL #: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Password: \_\_\_\_\_ Email: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Account**

Payee Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Payee Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Payee Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Payee Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Agent**

Name of Agent: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 Master Account Agreement and Disclosure 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 Funds Transfer Agreement section, located on pg # 8 of the Master Account Agreement and Disclosure.

|         |                  |       |             |
|---------|------------------|-------|-------------|
| X _____ | <b>SIGNATURE</b> | _____ | <b>DATE</b> |
| X _____ | <b>SIGNATURE</b> | _____ | <b>DATE</b> |
| X _____ | <b>SIGNATURE</b> | _____ | <b>DATE</b> |
| X _____ | <b>SIGNATURE</b> | _____ | <b>DATE</b> |

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Changed by: \_\_\_\_\_ Verification by: \_\_\_\_\_

Credit Report: \_\_\_\_\_  Chexsystems: \_\_\_\_\_