

Account Change Card

Member number _____

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 effects the change)

Member/Owner Information _____ Change **Joint Owner Information** _____ add _____ change _____ remove _____

Other _____ add _____ change _____ remove **MSR** _____

Account Type/Services _____ add _____ change _____ remove **DATE OF CHANGE** _____

OWNERSHIP INFORMATION CHANGES

Member/Owner: _____

Street: _____

City/State/Zip: _____

Phone: _____ (Home) _____ (Work)

E~mail: _____ SSN: _____

Date of Birth: _____ Password: _____

Employer: _____ Employer Add _____

This account(s) is a Joint Account with survivorship

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.

Add _____ Remove _____

Joint Owner: _____ SSN: _____

Street: _____ Driver's License # _____

City/State/Zip: _____

Date of Birth _____ Phone # _____

E~mail: _____ Password _____

DATE OF CHANGE _____ **MSR** _____

Add _____ Remove _____

Joint Owner: _____ SSN: _____

Street: _____ Driver's License # _____

City/State/Zip: _____

Date of Birth _____ Phone # _____

E~mail: _____ Password _____

DATE OF CHANGE _____ **MSR** _____

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 therein. I/We acknowledge receipt of a copy of the agreement and disclosures provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement and Disclosure.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____