



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 | <input type="checkbox"/> CHANGE | Joint Owner(s) Information | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE | | |
| Agent | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE | POD/Trust Beneficiary | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE |
| Other: _____ | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE | Account Type/Services | <input type="checkbox"/> ADD | <input type="checkbox"/> CHANGE | <input type="checkbox"/> REMOVE |

OWNERSHIP INFORMATION CHANGES

| | |
|--|--------------------------|
| Member/Owner: | Member No: |
| Street: | SSN/TIN: |
| City/State/Zip: | Driver's Lic. No: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Date of Birth: |
| Work Phone: <input type="checkbox"/> E-mail: _____ | Password: |
| Employer: | Employer Address: |

The account(s) is a Joint Account: with Rights of Survivorship without Rights of 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.

| | |
|--|--------------------------|
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: <input type="checkbox"/> E-mail: _____ | |
| Joint Owner: | SSN/TIN: |
| Street: | Driver's Lic. No: |
| City/State/Zip: | Date of Birth: |
| Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password: |
| Work Phone: <input type="checkbox"/> E-mail: _____ | |

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

| | |
|-------------------------------|-------------------------------|
| Beneficiary/POD Payee: | Beneficiary/POD Payee: |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |

Agency Print Name of Agent: _____
Signature: _____ Date: _____

Other: All Accounts Designate Specific Accounts _____ See Account Authorization Card

ACCOUNT TYPE

| | |
|---|---|
| <input type="checkbox"/> Share/Savings: _____ Suffix _____ | <input type="checkbox"/> Money Market: _____ Suffix _____ |
| <input type="checkbox"/> Share Draft/Checking: _____ | <input type="checkbox"/> HSA: _____ |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> Other: _____ |

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card: Debit Card:

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 the agreements and disclosures applicable to the accounts and services requested above. 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 | | | X | |
| Signature | | Date | Signature | Date |
| X | | | X | |
| Signature | | Date | Signature | Date |

| | | |
|--|---|---|
| FOR CREDIT UNION USE ONLY | <input type="checkbox"/> See Account Authorization Card | <input type="checkbox"/> See Insurance Beneficiary Election |
| 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 |