

# Account Change Card

## Current Account Information

Account Owner(s) \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_Address Change \_\_\_\_\_

\_\_\_Change Name. Change my name as follows:

New Name \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

## Subsequent Actions

**TYPE OF CHANGE** (Please indicate the type of change)

\_\_\_**Add account/service.** Add the account service designated on the reverse side for the account owner(s) named above.

\_\_\_**Terminate account/service.** Terminate the account/service designated on the reverse side.

\_\_\_**Add account owner.** Add the following account owner on the account(s) designated on the reverse side. The account(s) is a Multiple Party Account with Rights of Survivorship.

Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Address \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

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

Ph (H) \_\_\_\_\_ (w) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

\_\_\_**Remove Account Owner.** Remove the following account owner from the account(s) designated on the reverse side. Name \_\_\_\_\_

We understand removal of a Multiple Party Account Owner requires consent of all account owners, and we will hold credit union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan account(s).

\_\_\_**Change POD Trust Account Beneficiary**

\_\_\_Add\_\_\_Remove the following POD/Trust Beneficiary to the following accounts: \_\_\_All accounts or \_\_\_Designate specific Accounts:

POD/Trust Account Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Type of change continued....

**Accounts**

\_\_\_ Share/Savings# \_\_\_\_\_  
\_\_\_ Share Plus# \_\_\_\_\_  
\_\_\_ Share Certificate # \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

**Services**

\_\_\_ Overdraft Protection  
(Transfer Priority: \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

\_\_\_ **Change Trustee.** All accounts.

\_\_\_ Add \_\_\_ Remove the Trustee named below.

Trustee \_\_\_\_\_

Address \_\_\_\_\_

**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 Rate and Fee Schedule, 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 a copy of the agreements and disclosures applicable to the account and services requested above. If an ATM Card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_