

ACCOUNT CHANGE CARD

I/we authorize the credit union to make and accept the following changes to my/our account:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/owner information: change_____

POD/Trust Beneficiary add ___change___remove___ Joint owner(s) information: add___change___remove___

Account type/services: add___change___remove___

OWNERSHIP INFORMATION CHANGES

Member/Owner: _____ Account #: _____

Address: _____ SSN/TIN: _____

City/State/Zip: _____ Driver's Lic. #: _____

Home Phone: _____ Date of Birth: _____

Work Phone: _____ Employer: _____

JOINT OWNER

Joint Owner: _____ SSN/TIN: _____

Street: _____ Driver's Lic #: _____

City/State/Zip: _____ Date of Birth: _____

Home Phone: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

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 herein. I/we acknowledge receipt of a copy of the agreement 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 and Disclosure.

X _____ X _____
Signature date Signature date