

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 Convenience Signer <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	Joint Owner(s) Information <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE POD Beneficiary <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
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MEMBER INFORMATION
 Change of Legal Name of Member **Change of Address and/or Phone Number**

Member/Owner:	Member No:
Old Legal Name:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Primary Phone: Secondary Phone:	Mother's Maiden Name:
Marital Status:	E-mail:
Employer:	

ACCOUNT OWNERSHIP SELECTION

Party Initials	<i>Choose ONE of the following forms of account ownership by placing your initials next to the chosen form of ownership. The type of account you select may determine how property passes on your death. Your will may not control the disposition of funds held in some of the following forms of account ownership. You may choose to designate one or more convenience signers on an account, even if the account is not a convenience account. A designated convenience signer may make transactions on your behalf during your lifetime, but does not own the account during your lifetime. The designated convenience signer owns the account on your death only if the convenience signer is also designated as a POD payee or trust account beneficiary. The selection you make below will apply to all the accounts listed in the "ACCOUNT TYPE" section.</i>
_____	SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party's estate under the party's will or by intestacy. The party to the account is listed as the Member/Owner.
_____	SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION. The party to the account owns the account. On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party's estate. POD beneficiaries are listed in the "POD BENEFICIARIES" section. The party to the account is listed as the Member/Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP. (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner and Joint Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP. (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party's ownership of the account passes as a part of the party's estate under the party's will or by intestacy. Parties to the account are listed as Member/Owner and Joint Owner.
_____	JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION. (All parties must initial) The parties to the account own the account in proportion to the parties' net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries. POD beneficiaries are listed in the "POD BENEFICIARIES" section. Parties to the account are listed as Member/Owner and Joint Owner.

JOINT MULTIPLE PARTY ACCOUNT INFORMATION
 Change of Legal Name of a Joint Owner **Change of Address and/or Phone Number** **Add Joint Owner to Existing Account**

Joint Owner:	Home Phone:
Old Legal Name:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Primary Phone: Secondary Phone:	Mother's Maiden Name:
Marital Status:	E-mail:
Employer:	

Joint Owner:		Home Phone:
Old Legal Name:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Primary Phone:	Secondary Phone:	Mother's Maiden Name:
Marital Status:		E-mail:
Employer:		

Joint Owner:		Home Phone:
Old Legal Name:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Primary Phone:	Secondary Phone:	Mother's Maiden Name:
Marital Status:		E-mail:
Employer:		

ACCOUNT TYPE

Suffix		Suffix	
<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Share Certificate/Certificate:	_____	<input type="checkbox"/> Other:	_____

ACCOUNT SERVICES (REQUIRED SECTION)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Payroll Deduction/Direct Deposit:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Audio Response:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Overdraft Protection (Indicate transfer priority.):
<input type="checkbox"/> Yes <input type="checkbox"/> No	WILL ACCOUNT BE LINKED TO P2P (ZELLE):
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mastercard Debit Card:
<input type="checkbox"/> Yes <input type="checkbox"/> No	CARD CONTROL (TURN CARD OFF/ON):
<input type="checkbox"/> Yes <input type="checkbox"/> No	PC Access/Internet Banking:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

POD BENEFICIARIES

Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed. The beneficiaries listed here are beneficiaries to all the accounts listed under the "ACCOUNT TYPE" section.

Name of Beneficiary	Identifying Information

REMOVAL OF JOINT OWNER

Joint owners listed below are deemed removed from all accounts listed above under the "ACCOUNT TYPE" section. Removal from an account terminates a joint owner's ownership of the account(s), including any membership share in the account(s). The termination of ownership rights does not affect the joint owner's liability to the Credit Union for any loan or other obligation. This removal changes the form of ownership for the account(s) listed under the "ACCOUNT TYPE" section to the form of ownership designated under the "ACCOUNT OWNERSHIP INFORMATION" section.

Name of Terminated Joint Owner: _____
Name of Terminated Joint Owner: _____

AUTHORIZATION

I/We agree that the changes noted on this Card amend, as indicated, previously signed forms. I/We certify that the information on this Card is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments 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 herein. 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.

The undersigned hold harmless and agree to indemnify the Credit Union for all costs, losses and expenses resulting from the removal of a joint owner from an account. If required by the Credit Union, removed joint owner(s) have signed to show consent to their removal.

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

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