

Member No. _____

ACCOUNT CHANGE CARD

Joint Ownership information

Add Account Type

Beneficiary Change

ACCOUNT/SERVICES

Checking _____ You Name It Savings _____ Holiday Savings _____ Money Market _____ Certificate _____

e-Communications (e-Statements, e-Notices and Disclosures) e-Receipts Remote Deposit Online Banking Debit Mastercard

OWNERSHIP INFORMATION

[Ownership changes will apply to accounts indicated under Account/Services]

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Employer _____

Occupation _____

Driver's License/Other ID _____

SSN/T.I.N. _____

Date of Birth _____

Home Phone _____

Work Phone _____

Cell Phone _____

U.S. Citizen Yes _____ No _____

Country of Citizenship (if not U.S.) _____

State _____ Expiration _____

The addition of a joint owner requires consent of all owners. By requesting this change and signing this Account Change Card, we agree to indemnify and hold the Credit Union harmless for any and all actions resulting from or relating to account access.

Joint Owner Name 1 _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Employer _____

Occupation _____

Existing Member #/e Funds _____

Driver's License/Other ID _____

SSN/T.I.N. _____

Date of Birth _____

Home Phone _____

Work Phone _____

Cell Phone _____

U.S. Citizen Yes _____ No _____

Country of Citizenship (if not U.S.) _____

State _____ Expiration _____

Joint Owner Name 2 _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Employer _____

Occupation _____

Existing Member #/e Funds _____

Driver's License/Other ID _____

SSN/T.I.N. _____

Date of Birth _____

Home Phone _____

Work Phone _____

Cell Phone _____

U.S. Citizen Yes _____ No _____

Country of Citizenship (if not U.S.) _____

State _____ Expiration _____

Joint Owner Name 3 _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Employer _____

Occupation _____

Existing Member #/e Funds _____

Driver's License/Other ID _____

SSN/T.I.N. _____

Date of Birth _____

Home Phone _____

Work Phone _____

Cell Phone _____

U.S. Citizen Yes _____ No _____

Country of Citizenship (if not U.S.) _____

State _____ Expiration _____

BENEFICIARY DESIGNATIONS

[Beneficiary designations will apply to accounts indicated under Account/Services. Upon the death of the owner, or the last surviving owner if there is more than one, the person(s) listed below (if any), shall be beneficiaries on the account(s) described above in equal shares as is more fully set forth in the Membership and Account Agreement]

Name _____ SSN/T.I.N. _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ SSN/T.I.N. _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ SSN/T.I.N. _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____

AUTHORIZATION

By signing below, the undersigned authorizes the Credit Union to make the changes set forth above. I/We understand and agree that the changes on this Account Change Card amend the previously signed Application and/or Account Card. I/We agree that I/we are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures and Funds Availability Policy Disclosure, if applicable, Rate and Fee Schedules, 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 Membership and Account Agreement and Disclosures applicable to the accounts and services requested. If I/we have requested an access card or EFT service, I/we agree to be bound by the terms and conditions of the Electronic Funds Transfer Agreement and Disclosures and acknowledge receipt of the same. I/we authorize the Credit Union to verify credit and employment history from time to time by any means, including obtaining a consumer report prepared by a consumer reporting agency in order to determine if I/we am/are eligible for the account applied for and to determine, from time to time, if we are eligible for any other product or service offered by the Credit Union to its members.

X _____
Owner Date

X _____
Joint Owner 1 Date

X _____
Joint Owner 2 Date

X _____
Joint Owner 3 Date

FOR CREDIT UNION USE ONLY

Discrepancy Documentation

Membership Officer _____ Employee Initials _____ Date _____