

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: 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: 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: E-mail:	

ACCOUNT DESIGNATIONS

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate Specific Accounts _____
Beneficiary/POD Payee:	Beneficiary/POD Payee:	
Street:	Street:	
City/State/Zip:	City/State/Zip:	
<input type="checkbox"/> Agency Print Name of Agent: _____	Date: _____	
Signature: _____		
<input type="checkbox"/> Other:	<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts _____ <input type="checkbox"/> 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

<input type="checkbox"/> Payroll Deduction/Direct Deposit:
<input type="checkbox"/> Audio Response:
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):
<input type="checkbox"/> ATM Card: <input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:
<input type="checkbox"/> 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