

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 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:
Phone:	Password:
Work Phone:	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. 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 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:	Phone:
Old Legal Name:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Joint Owner:	Phone:
Old Legal Name:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Joint Owner:	Phone:
Old Legal Name:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:

ACCOUNT TYPE

	Suffix		Suffix
<input type="checkbox"/> Savings:	_____	<input type="checkbox"/> Prime Investment :	_____
<input type="checkbox"/> Checking:	_____	<input type="checkbox"/> Club:	_____
<input type="checkbox"/> Certificate:	_____	<input type="checkbox"/> Other:	_____

ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

Debit Card:

PC Access/Internet Banking:

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

 Signature Date

 Signature Date

 Signature Date

FOR CREDIT UNION USE ONLY

Date of Membership:	<input type="checkbox"/> See Account Authorization Card	<input type="checkbox"/> See Insurance Beneficiary Card
<input type="checkbox"/> Credit Report	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Access Card	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking