

ACCOUNT CHANGE CARD

(Add or Make Changes to Existing Account)

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

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

Member/Owner Information CHANGE OTHER _____
 Joint Owner(s) Information ADD CHANGE REMOVE OTHER _____
 POD/Trust Beneficiary ADD CHANGE REMOVE OTHER _____
 Account Type/Services ADD CHANGE REMOVE OTHER _____

OWNERSHIP INFORMATION CHANGES

Date: _____

Member #: _____

Primary Owner's Name: _____

Address: _____ Home (P) #: _____

City/State/Zip: _____ Cell (P) #: _____

SSN: _____ Work (P) #: _____

Date of Birth: _____ Password: _____

Drivers License #: _____ E-Mail: _____

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 agreements 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 Fund Transfers Agreement and Disclosure.

Signature

Joint Member 1 Signature

Joint Member 2 Signature

ADDING AN ACCOUNT

Savings _____ CD - 1 YEAR _____
 Checking _____ CD - 2 YEAR _____
 Vacation _____ MMA _____
 Christmas _____ Other _____

JOINT OWNER DESIGNATION

JOINT OWNER : With Rights of Survivorship Without Rights of Survivorship

Rights to All Sub Accounts Designate Rights to Specific Accounts:

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 INFORMATION

(1) Joint Owner Name: _____

Address: _____ Home (P) #: _____

City/State/Zip: _____ Cell (P) #: _____

SSN: _____ Work (P) #: _____

Date of Birth: _____ Password: _____

Drivers License #: _____ E-Mail: _____

ACCOUNT DESIGNATIONS

PAYABLE on Death (POD)/Trust Account: All Accounts

Split Between Beneficiaries Designate Rights to Specific Accounts: _____

(1) Beneficiary/POD Payee: _____

Address: _____ Home (P) #: _____

City/State/Zip: _____ Cell (P) #: _____

(2) Beneficiary/POD Payee: _____

Address: _____ Home (P) #: _____

City/State/Zip: _____ Cell (P) #: _____

**** FOR CREDIT UNION USE ONLY ****