

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 CHANGE

Joint Owner(s) Information ADD CHANGE REMOVE

Agent ADD CHANGE REMOVE

POD/Trust Beneficiary ADD CHANGE REMOVE

Other: _____ ADD CHANGE REMOVE

Account Type/Services ADD CHANGE REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner: _____	Member No: _____
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	Employer: _____
E-mail: _____	

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: _____	Password: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Employer: _____
Work Phone: _____	E-mail: _____

Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Password: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Employer: _____
Work Phone: _____	E-mail: _____

LOANLINER.

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ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

All Accounts Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

Agency Print Name of Agent: _____

Signature: _____ Date: _____

All Accounts Designate Specific Accounts: _____

Other: _____ See Account Authorization Card

ACCOUNT TYPE

ACCOUNT SERVICES

Suffix #

Share/Savings: _____

Share Draft/Checking: _____

Share Certificate/Certificate: _____

Money Market: _____

HSA: _____

Other: _____

Other: _____

Payroll Deduction/Direct Deposit: _____

Overdraft Protection (Indicate transfer priority): _____

ATM Card: _____

Debit Card: _____

Audio Response: _____

PC Access/Internet Banking: _____

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, 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.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership: _____

Opened / App'd by: _____

Member Verification: _____

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking