



YOUR CREDIT UNION
 123 Main Street
 Yourtown, State 12345
 (123) 456-7890

CHANGE OF ACCOUNT

This form establishes additional account(s), changes ownership of existing account(s), changes owner's personal information and/or identifies new account service(s). The nature of the change(s) is/are marked below.

MEMBER INFORMATION CHANGES	
<input type="checkbox"/> Change of Legal Name of Member	<input type="checkbox"/> Change of Address and/or Phone Number
Member Name	Member No.
Old Legal Name	
Street	SSN/TIN
City/State/Zip	Driver's Lic. No.
Home Phone ()	Date of Birth
Work Phone ()	Password
E-mail	Employer

ACCOUNT OWNERSHIP	
The account(s) is/are a Joint Account	<input type="checkbox"/> With Survivorship <input type="checkbox"/> Without Survivorship
JOINT OWNER INFORMATION	
<input type="checkbox"/> ADD JOINT OWNER <input type="checkbox"/> REMOVE JOINT OWNER	
(Removing a Joint Owner does not release the Joint Owner from any loans they may be obligated to repay.)	
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone ()	Password
Work Phone ()	E-mail
Joint Owner	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone ()	Password
Work Phone ()	E-mail

PAYABLE ON DEATH (POD)	
<input type="checkbox"/> ADD POD	<input type="checkbox"/> CHANGE POD
<input type="checkbox"/> All Accounts	<input type="checkbox"/> Designate specific account(s):
Beneficiary Name	Beneficiary Name
Street	Street
City/State/ZIP	City/State/ZIP

ADDING AN ACCOUNT

Listed below is/are account(s) that will be established or changed by the information on this form. All of the terms, conditions, form of ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.

<input type="checkbox"/> Savings:	<input type="checkbox"/> Money Market:
<input type="checkbox"/> Checking:	<input type="checkbox"/> Living Trust:
<input type="checkbox"/> Certificate of Deposit:	<input type="checkbox"/> Other:

ADDING A SERVICE

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

USA PATRIOT ACT

In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.

What This Means To Our Members

When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (if applicable) and other information that will allow _____ Credit Union to identify you. You will also be asked to furnish your drivers license or other identifying documents. We are required to follow this procedure each time an account is opened, even if you are a current member of _____ Credit Union.

CERTIFICATION

I/We certify that the information on this form is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable. I/we agree that the above changes supersede all existing documents. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received an ATM/Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report

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 below to show consent of their removal.

X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

FOR CREDIT UNION USE ONLY

Date of Membership	CU Membership Approved By:	Member ID Verified by:
		<input type="checkbox"/> OFAC
		<input type="checkbox"/> ChexSystems