



## 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.)

<b>Member/Owner Information</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	<b>Joint Owner(s) Information</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
<b>Other:</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	<b>POD Beneficiary</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
				<b>Account Type/Services</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE

### OWNERSHIP INFORMATION CHANGES

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
<b>Member/Owner:</b>	<b>Member No:</b>	
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone:	Date of Birth:	
Work Phone:	Membership Password:	
E-mail:	Membership Eligibility:	
Employer:	Title/Position:	

**The account(s) is a Joint Account: (G.S.54-109.58)** We  do  do not elect to create the Right of Survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

**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.

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
<b>Joint Owner:</b>	<b>SSN/TIN:</b>	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone:	Password:	
Work Phone:	E-mail:	
Employer:	Title/Position:	

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
<b>Joint Owner:</b>	<b>SSN/TIN:</b>	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone:	Password:	
Work Phone:	E-mail:	
Employer:	Title/Position:	

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
<b>Joint Owner:</b>	<b>SSN/TIN:</b>	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone:	Password:	
Work Phone:	E-mail:	
Employer:	Title/Position:	

<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
<b>Other:</b>	<b>SSN/TIN:</b>	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone:	Password:	
Work Phone:	E-mail:	
Employer:	Title/Position:	

See Account Authorization Card

**ACCOUNT DESIGNATIONS**

Payable on Death (POD) Account       All Accounts       Designate Specific Accounts \_\_\_\_\_

I/We understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57A that: (1) during my/our lifetime, I/we may withdraw the money in the account; and (2) by written direction to the Credit Union, I/we, individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries and the money will not be inherited by my/our heirs or be controlled by will.

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

**ACCOUNT TYPE**

Add      Suffix \_\_\_\_\_      Suffix \_\_\_\_\_

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

**ACCOUNT SERVICES**

Overdraft Protection (Indicate transfer priority.):       Debit Card:

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. If a joint account is requested, I/we agree to the survivorship designation in the "OWNERSHIP INFORMATION CHANGES" section.

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

Signature	Date
<b>X</b>	

**FOR CREDIT UNION USE ONLY**

Date of Membership: _____	Account Changes Made By: _____	Operator # _____
Date of Account Change: _____	Account Changes Reviewed By: _____	Operator # _____
Account change Made: <input type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Mail	<input type="checkbox"/> Copy of ID for all Owners <input type="checkbox"/> Chexsystem for all owners	<input type="checkbox"/> Supporting Docs
Verified ID By: <input type="checkbox"/> Identification <input type="checkbox"/> Security Questions	Manager Exceptions (if applicable): _____	
<input type="checkbox"/> Credit Report <input type="checkbox"/> Other _____	Comments: _____	
Comments: _____	_____	
_____	_____	
_____	_____	