



# 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.)

### OWNERSHIP INFORMATION CHANGES

Add     Change     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 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) 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.

Add     Change     Remove

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

Add     Change     Remove

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

Add     Change     Remove

<b>Other:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:
Employer:	Title/Position:

Add     Change     Remove

<b>Other:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone:	Password:
Work Phone:	E-mail:
Employer:	Title/Position:

**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 54-109.57 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 \_\_\_\_\_

Share/Savings: \_\_\_\_\_  Money Market: \_\_\_\_\_

Share Draft/Checking: \_\_\_\_\_  Other: \_\_\_\_\_

Share Certificate/Certificate: \_\_\_\_\_  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.

<b>X</b>	_____	<b>X</b>	_____
Signature	Date	Signature	Date
<b>X</b>	_____	<b>X</b>	_____
Signature	Date	Signature	Date

**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: ___ In Person ___ Online ___ Mail	___ Copy of ID for all Owners ___ Chexsystem for all owners ___ Supporting Docs
Verified ID By: ___ Identification ___ Security Questions	Manager Exceptions (If applicable): _____
___ Credit Report ___ Other _____	Comments: _____
Comments: _____	_____
_____	_____
_____	_____
_____	_____