



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 Other:	☐ ADD ☐ CHANGE ☐ REMOVE	Joint Owner(s) Information POD Beneficiary Account Type/Services	☐ ADD ☐ CHANGE ☐ REMOVE ☐ ADD ☐ CHANGE ☐ REMOVE ☐ ADD ☐ CHANGE ☐ REMOVE
OWNERSHIP INFORMATION CHANGES			
☐ Add ☐ Change ☐ Remove			
Member/Owner:		Member No:	
Mailing Address:		SSN/TIN:	
City/State/Zip:		Driver's Lic. No:	
Physical Address:		Date of Birth:	
City/State/Zip:		Membership Eligibility:	
Home Phone:	Cell Phone:	Title/Position:	
Work Phone:		E-mail:	
Employer:			
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.			
☐ Add ☐ Change ☐ Remove			
Joint Owner:		SSN/TIN:	
Physical Address:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:	Cell Phone:	E-mail:	
Work Phone:		Title/Position:	
Employer:			
☐ Add ☐ Change ☐ Remove			
Joint Owner:		SSN/TIN:	
Physical Address:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:	Cell Phone:	E-mail:	
Work Phone:		Title/Position:	
Employer:			
☐ Add ☐ Change ☐ Remove			
Joint Owner:		SSN/TIN:	
Physical Address:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:	Cell Phone:	E-mail:	
Work Phone:		Title/Position:	
Employer:			
☐ Add ☐ Change ☐ Remove			
Joint Owner:		SSN/TIN:	
Physical Address:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:	
Home Phone:	Cell Phone:	E-mail:	
Work Phone:		Title/Position:	
Employer:			

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
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

FOR CREDIT UNION USE ONLY

Date of Membership: _____

Account Changes Made By: _____ Operator # _____

Date of Account Change: _____

Account change Made: ☐ In Person ☐ Online ☐ Mail☐ Copy of ID for all Owners ☐ Chexsystem for all owners ☐ Supporting DocsVerified ID By: ☐ Identification ☐ Security Questions

Manager Exceptions (if applicable): _____

☐ Credit Report ☐ Other _____

Comments: _____

Comments: _____
