

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.)

Account Owner Information			<input type="checkbox"/> CHANGE	Joint Owner(s) Information			<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Agent	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	POD/Trust Beneficiary	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE		
Trustee	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	Account Type/Services	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE		

OWNERSHIP INFORMATION CHANGES

Member/Owner:		Account No.	
Street:		SSN/TIN:	
City/State/Zip:		Driver's Lic. No.:	Issue: Exp.:
Home Phone:		Date of Birth:	
Work Phone:	Cell Phone:	E-mail:	
Employment:		Job Title:	

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.

Joint/Owner:		SSN/TIN:	
Street:		Driver's Lic. No.:	Issue: Exp.:
City/State/Zip:		Date of Birth:	
Home Phone:		E-mail:	
Work Phone:	Cell Phone:	Employment:	Job Title:

Joint/Owner:		SSN/TIN:	
Street:		Driver's Lic. No.:	Issue: Exp.:
City/State/Zip:		Date of Birth:	
Home Phone:		E-mail:	
Work Phone:	Cell Phone:	Employment:	Job Title:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Account(s) _____

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

Agency Print Name of Agent: _____ All Accounts Designate Specific Account(s) _____
Signature: _____ Date: _____

ACCOUNT TYPE

ACCOUNT SERVICES

<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:	<input type="checkbox"/> Overdraft Protection (indicate transfer priority below):	
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Living Trust:	<input type="checkbox"/> ATM/Debit Card:	<input type="checkbox"/> Zip 24:
<input type="checkbox"/> Share Certificate/Certificate:	<input type="checkbox"/> Other:	<input type="checkbox"/> eBranch:	

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 Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendments 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 Funds Transfer Agreement.

X	X	X
Signature	Signature	Signature
Date	Date	Date

FOR CREDIT UNION USE ONLY

Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> OFAC	<input type="checkbox"/> Scan all documents
<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Scan IDs	<input type="checkbox"/> Chex Systems
<input type="checkbox"/> MDD	<input type="checkbox"/> Checks	<input type="checkbox"/> PIN Request
<input type="checkbox"/> SDD	<input type="checkbox"/> ODP	<input type="checkbox"/> eBranch
	<input type="checkbox"/> Make File	<input type="checkbox"/> Zip 24
	<input type="checkbox"/> File	