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| RETAIL ACCOUNT  CHANGE FORM  CHANGE FORM |
| **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** |

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| Member/Owner Name: | | Member No: |
| New Name If Changed: | | SSN/TIN: |
| Mailing Address: | | Driver's Lic. No: |
| City/State/Zip: | | Driver's Lic Issue Date: |
| Home Phone: | Cell Phone: | Driver's Lic Exp Date: |
| Work Phone: | | Date of Birth: |
| Employer: | | E-mail: |
| Occupation: | |  |
| **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 loanaccounts. | | |

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| ☐ Add ☐ Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |

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| ☐ Add ☐ Remove  Joint Owner: | | SSN/TIN |
| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
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| New Name if Changed: | | Driver’s Lic No: |
| Mailing Address: | | Date of Birth: |
| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
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| Work Phone: | | E-mail: |
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| City/State/Zip: | | Driver’s Lic Isuue Date: |
| Home Phone: | Cell Phone: | Driver’s Lic Exp Date: |
| Work Phone: | | E-mail: |
| Employer: | | Occupation: |
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| ACCOUNT(S) TO CHANGE OR ADD | |
| ☐Share Savings: | ☐Money Market: |
| ☐Club Savings: | ☐High Rate Savings: |
| ☐Checking: | ☐Deposit Account: |
| ☐Certificate: | ☐Deposit Account: |
| ☐Certificate: | ☐Deposit Account: |
| 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. | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Member/Owner | Date |  | Joint Owner/Authorized Signer | Date | | X member$ign | member$date |  | X Joint0w$ign1 | Joint0w$date1 | | Joint Owner/Authorized Signer | Date |  | Joint Owner/Authorized Signer | Date |  | | X Joint0w$ign2 | Joint0w$date2 |  | X Joint0w$ign3 | Joint0w$date3 |  | | Joint Owner/Authorized Signer | Date |  | Joint Owner/Authorized Signer | Date |  | | X Joint0w$ign4 | Joint0w$date4 |  | X Joint0w$ign5 | Joint0w$date5 |  | | Joint Owner/Authorized Signer | Date |  | Joint Owner/Authorized Signer | Date |  | | X Joint0w$ign6 | Joint0w$date6 |  | X Joint0w$ign7 | Joint0w$date7 |  | | Joint Owner/Authorized Signer | Date |  | Joint Owner/Authorized Signer | Date |  | | X Joint0w$ign8 | Joint0w$date8 |  | X Joint0w$ign9 | Joint0w$date9 |  | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | FOR CREDIT UNION USE ONLY | | |  | | | Employee Info: | | Retailemployeeinfo$1nput | |  | | Comments: | RetailComment$1nput | | |  | |  | | | |  | | |