



P.O. Box 108
Tallahassee, FL 32302
(850) 488-1015 • (800) 210-8206

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	<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
Address Change	<input type="checkbox"/>		
Name Change	<input type="checkbox"/>	(Previous Name)	_____

OWNERSHIP INFORMATION CHANGES

Name / Primary Owner _____	Member No. _____
Mailing Address _____	
City/State/Zip _____	
Physical Address _____	
<i>if different than address given above</i> _____	
SSN No. _____	Date of Birth: _____
Drivers Lic. No. _____	Exp. Date _____
Home Phone: () _____	E-mail: _____
Cell Phone: () _____	Work Phone: _____ ext: _____
Employer: _____	

The account(s) is a Joint Account **Add** **Remove**
Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold 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 on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.

Name / Joint Owner _____

Mailing Address _____

City/State/Zip _____

Physical Address _____

if different than address given above _____

SSN No. _____ **Date of Birth:** _____

Drivers Lic. No. _____ **Exp. Date** _____

Home Phone: () _____ **E-mail:** _____

Cell Phone: () _____ **Work Phone:** _____ **ext:** _____

Employer: _____

The account(s) is a Joint Account **Add** **Remove**
Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold 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 on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.

Name / Joint Owner _____

Mailing Address _____

City/State/Zip _____

Physical Address _____

if different than address given above _____

SSN No. _____ **Date of Birth:** _____

Drivers Lic. No. _____ **Exp. Date** _____

Home Phone: () _____ **E-mail:** _____

Cell Phone: () _____ **Work Phone:** _____ **ext:** _____

Employer: _____

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 _____

Agency Print Name of Agent _____

Signature _____ (Date) _____

All Accounts Designate specific account(s) _____

Other _____ See Account Authorization Card

ACCOUNT TYPE

- | | |
|---|--|
| <input type="checkbox"/> Share/Savings | <input type="checkbox"/> Share Certificate/Certificate |
| <input type="checkbox"/> Share Draft/Checking | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> 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 a copy 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. The Credit Union procedure for adding a checking account to an existing account and/or adding members to an existing account is to obtain a Credit Bureau Report. The minimum Beacoq score for opening a checking account or adding a new member(s) to an existing account is 550. By signing below you authorize the Credit Union to obtain your Credit Bureau Report. If you do not have the minimum score you may have a share account only.

X
Signature / Primary Member _____ Date _____

X Signature _____	Date _____	Thumb Print
<input type="checkbox"/> OFAC	<input type="checkbox"/> Credit Report	
<input type="checkbox"/> Chexsystems	<input type="checkbox"/> No Record <input type="checkbox"/> Other - Exp. Below	

X Signature _____	Date _____	Thumb Print
<input type="checkbox"/> OFAC	<input type="checkbox"/> Credit Report	
<input type="checkbox"/> Chexsystems	<input type="checkbox"/> No Record <input type="checkbox"/> Other - Exp. Below	

X Signature _____	Date _____	Thumb Print
<input type="checkbox"/> OFAC	<input type="checkbox"/> Credit Report	
<input type="checkbox"/> Chexsystems	<input type="checkbox"/> No Record <input type="checkbox"/> Other - Exp. Below	

FOR CREDIT UNION USE ONLY

Change made by _____ Date _____

Chexsystems Explanation, etc. _____

Approved By: _____