



MEMBER NAME	DATE
I would like to make changes to: <input type="checkbox"/> All existing account(s) <input type="checkbox"/> Only account(s) as designated	ACCOUNT NO.

**DESIGNATIONS / INSTRUCTIONS (Select one only):**

Please add the following new:  Joint Owner (1 form of ID required – Front/Back)  Pay on Death Beneficiary   
Please remove: \_\_\_\_\_ as a  Joint Owner  Pay on Death Beneficiary

DESIGNATION:					
LAST NAME	FIRST NAME	MIDDLE	DOB	SOCIAL SECURITY #	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT#	CITY	STATE	ZIP
MAILING ADDRESS			CITY	STATE	ZIP
HOME PHONE NO.	CELL PHONE NO.	WORK PHONE NO.	E-MAIL ADDRESS		MOTHER'S MAIDEN NAME
PRIMARY ID TYPE	ID NO.	STATE OF ISSUE	ISSUE DATE	EXPIRATION DATE	
SECONDARY ID TYPE (if applicable)	ID NO.	STATE OF ISSUE	ISSUE DATE	EXPIRATION DATE	

Other, Describe: \_\_\_\_\_  
ID/Document No. \_\_\_\_\_ Issue Date \_\_\_\_\_

**NAME CHANGE (Supporting documentation required i.e. marriage license, driver's license reflecting name change)**

Please change the name of the following:  Primary Owner  Joint Owner  Pay on Death Beneficiary

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

I agree that the changes on this Account Change Form amends the previously signed Account Card and are subject to the terms and conditions of the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

All owners agree to hold the Credit Union harmless for any action regarding account access. The removed joint account owner(s) relinquishes all ownership interests in the above account(s). I understand that by signing this form it does not release me from any obligations of monies owed as a result of items in process, such as outstanding credit purchases, ACH, Point of Sale transactions, or personal checks that I have initiated.

SIGNATURE OF PRIMARY ACCOUNT OWNER	DATE	SIGNATURE OF JOINT ACCOUNT OWNER	DATE
X		X	

<b>OFFICE USE ONLY:</b>	RECEIVED BY: _____	LOCATION: _____
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**NOTARIZATION (For mail-in forms only)**

State: \_\_\_\_\_  
County: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

Notary Signature: \_\_\_\_\_  
Notary Registration No. \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_