



**CommonWealth One**  
 4875 Eisenhower Avenue  
 Alexandria, VA 22304  
 703-823-5211  
 FAX: 703-823-9065  
 www.cofcu.org

**ACCOUNT CHANGE CARD**

MEMBER NAME	DATE
I would like to make the changes to  my existing account(s) only my existing account(s) as designated.	MEMBER NO.
	ACCOUNT NO.

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

Please add the following new:    Joint Owner    Pay on Death Beneficiary    Agent to the above designated account(s).  
 Please remove: \_\_\_\_\_ as a    Joint Owner    Pay on Death Beneficiary    Agent to the above designated account(s).

**DESIGNATION:**

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	
MAILING ADDRESS		CITY	STATE	ZIP
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE    ZIP
DRIVER'S LICENSE NUMBER	EXPIRATION DATE	ISSUE DATE	STATE OF ISSUE	DATE OF BIRTH

I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing:  
 Government-issued ID Card, No. \_\_\_\_\_, State: \_\_\_\_\_    U.S. Military ID Card, No. \_\_\_\_\_  
 U.S. Passport, No. \_\_\_\_\_    Permanent Resident Card, No. \_\_\_\_\_    Other, Describe: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS	OCCUPATION	POSITION/TITLE	GROSS MONTHLY SALARY
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS    WORK E-MAIL ADDRESS

**ADDRESS CHANGE**

Please change the address of the following    Primary Owner    Joint Owner    Pay on Death Beneficiary  
 Former Address:  
 New Address:

**PHONE NUMBER CHANGE**

Please change the phone number of the following    Primary Owner    Joint Owner    Pay on Death Beneficiary  
 Former    Cell    Home    Work Phone Number:  
 New    Cell    Home    Work Phone Number:

**EMAIL ADDRESS CHANGE**

Please change the email address of the following    Primary Owner    Joint Owner    Pay on Death Beneficiary  
 Former Email Address:  
 New Email Address:

**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 Card 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 (Do Not Print)	DATE
<b>X</b>	

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)	DATE
<b>X</b>	