



SUBSEQUENT ACTIONS

ACCOUNT CHANGE CARD

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 [ ] CHANGE Joint Owner(s) Information [ ] ADD [ ] CHANGE [ ] REMOVE
Agent [ ] ADD [ ] CHANGE [ ] REMOVE POD/Trust Beneficiary [ ] ADD [ ] CHANGE [ ] REMOVE
Other: [ ] ADD [ ] CHANGE [ ] REMOVE Account Type/Services [ ] ADD [ ] CHANGE [ ] REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner: Member No:
Street: SSN/TIN: Date of Birth:
City/State/Zip: Driver's Lic. No:
Home Phone: Cell Phone: Mother's Maiden Name:
Work Phone: E-mail: Employer Address:
Employer:

The account(s) is a Joint Account: [ ] with Rights of Survivorship [ ] without Rights of Survivorship

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:
City/State/Zip: Date of Birth:
Home Phone: Cell Phone: Mother's Maiden Name:
Work Phone: E-mail:

Complete if you are a new Joint Owner: Are you a U.S. Citizen or Permanent Resident Alien? Yes [ ] No [ ]

Joint Owner: SSN/TIN:
Street: Driver's Lic. No:
City/State/Zip: Date of Birth:
Home Phone: Cell Phone: Mother's Maiden Name:
Work Phone: E-mail:

Complete if you are a new Joint Owner: Are you a U.S. Citizen or Permanent Resident Alien? Yes [ ] No [ ]

ACCOUNT DESIGNATIONS

[ ] Payable on Death (POD)/Trust Account [ ] All Accounts [ ] Designate Specific Accounts
Beneficiary/POD Payee: Beneficiary/POD Payee:
Street: Street:
City/State/Zip: City/State/Zip:
[ ] Agency Name of Agent:
Signature: Date:
[ ] All Accounts [ ] Designate Specific Accounts

ACCOUNT TYPE

ACCOUNT SERVICES

[ ] Share/Savings [ ] CU Succeed [ ] Payroll Deduction/Direct Deposit [ ] Online Banking
[ ] Share Draft/Checking [ ] Scottie Savers [ ] Overdraft Protection (List transfer priority below) [ ] ATM/VISA Debit Card
[ ] Share Certificate [ ] Money Market [ ] ACH Origination [ ] Bill Pay
[ ] Share Club [ ] IRA [ ] Other
[ ] Christmas Club

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.

X Signature Date X Signature Date
X Signature Date X Signature Date

FOR CREDIT UNION USE ONLY [ ] See Account Authorization Card

Opened/App'd by: Member Verification: [ ] OFAC
[ ] Credit Report [ ] ATM/Visa Debit Card [ ] eFunds [ ] Online Banking [ ] Bill Pay