



# Account Change Form

## SUBSEQUENT ACTIONS

Date:

I/We authorize the Credit Union to make and accept the following changes to my/our accounts.

Other: \_\_\_\_\_  ADD  CHANGE  REMOVE

## OWNERSHIP INFORMATION

Member/Owner Information:  CHANGE

Member Account #:

Member/Owner: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

eMail Address: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_

## JOINT OWNER/AGENT

### The account(s) is a Joint Account with 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) relinquish ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE/SERVICES" section. This relinquishment does not affect my/our obligation to any loan accounts.

**Agent:** The Credit Union will not recognize the authority of someone to whom you have given power of attorney without written authorization and a copy of the Power of Attorney on record at the Credit Union

Joint Owner:  ADD  CHANGE  REMOVE

Agent:  ADD  CHANGE  REMOVE

Joint Owner/Agent 1: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Joint Owner:  ADD  CHANGE  REMOVE

Agent:  ADD  CHANGE  REMOVE

Joint Owner/Agent 2: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Employer: \_\_\_\_\_

eMail Address: \_\_\_\_\_

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Beneficiaries:**  ADD  CHANGE  REMOVE

<b>Beneficiary 1/POD Payee:</b> _____	<b>Beneficiary 2/POD Payee:</b> _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Date of Birth: _____	Date of Birth: _____
SSN: _____	SSN: _____

<b>ACCOUNT TYPE {Add Suffix #}</b>	<b>ACCOUNT SERVICES</b>
------------------------------------	-------------------------

**Account Type/Services:**  ADD  CHANGE  REMOVE

- |   |   |
|---|---|
| <input type="checkbox"/> Share/Savings: _____                 | <input type="checkbox"/> Payroll Deduction/Direct Deposit |
| <input type="checkbox"/> Share Draft/Checking: _____          | <input type="checkbox"/> Overdraft Protection             |
| <input type="checkbox"/> Share Certificate/Certificate: _____ | <input type="checkbox"/> ATM Card                         |
| <input type="checkbox"/> Money Market: _____                  | <input type="checkbox"/> Debit Card                       |
| <input type="checkbox"/> Other: _____                         | <input type="checkbox"/> Online Banking                   |
|   | <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, 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. 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 Transfer Agreement and Disclosure.

<b>X</b> _____	<b>X</b> _____
Signature	Signature
_____	_____
Date	Date

<b>X</b> _____	<b>X</b> _____
Signature	Signature
_____	_____
Date	Date

<b>CREDIT UNION USE ONLY</b>		
Beacon Score(s) _____	Last 4-digits on Card _____	Type of Card Approved: <input type="checkbox"/> Debit <input type="checkbox"/> ATM
Employee's Initial _____		

**If you are mailing, emailing or faxing this Account Change Form, please include a copy (front and back) of your State or Government issued ID card. Thank you!**

**Mailing address:** 6400 SE Lake Road, Suite 125, Milwaukie, OR 97222

**Email address:** service@providencecu.org

**Fax number:** (503) 513-8770