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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.)					
	Account 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	

OWNERSHIP INFORMATION CHANGES	Member/Owner:		Account No.
	Street:		SSN/TIN:
	City/State/Zip:		Driver's Lic. No:
	Home Phone:	Home E-mail:	Date of Birth:
	Work Phone:	Work E-mail:	Password:
	Employment:		
	The account(s) is a Joint Account <input type="checkbox"/> With Survivorship <input type="checkbox"/> With Survivorship and POD		
	Joint Owner: The removal of a Joint Account Owner 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 number listed above. 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:	Home E-mail:	Password:
	Work Phone:	Work E-mail:	
	Joint Owner:		SSN/TIN:
	Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:	
Home Phone:	Home E-mail:	Password:	
Work Phone:	Work E-mail:		

ACCOUNT DESIGNATIONS	<input type="checkbox"/> Payable on Death (POD)/Trust Account <input checked="" type="checkbox"/> All Account Types	
	Beneficiary/POD Payee:	Beneficiary/POD Payee:
	Street:	Street:
	City/State/Zip:	City/State/Zip:
	<input type="checkbox"/> Agency Print Name of Agent <input checked="" type="checkbox"/> All Account Types	
	Signature _____ (date)	
	<input type="checkbox"/> See Account Authorization Card <input type="checkbox"/> Other	

ACCOUNT TYPE		ACCOUNT SERVICES	
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:	<input type="checkbox"/> Overdraft Protection (indicate transfer priority below):	
<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Other:	<input type="checkbox"/> System Default (SI) <input type="checkbox"/> Other (list priority):	
<input type="checkbox"/> Share / IRA Certificate:		<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Audio Response:
		<input type="checkbox"/> Debit Card:	<input type="checkbox"/> PC Access/Internet Banking:

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 Rate and Fee Schedule, 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 Funds Transfer Agreement.

X	X	X
Signature of Primary Member	Signature of 1 st Joint Owner	Signature of 2 nd Joint Owner
Date	Date	Date

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> Papers Initiated By:	<input type="checkbox"/> See Insurance Beneficiary Card
	Date of Change:	Member Verification:
	<input type="checkbox"/> Credit Report	<input type="checkbox"/> Access Cards – Debit
	<input type="checkbox"/> ChexSystem:	<input type="checkbox"/> PC Access/Internet Banking / Audio Response