



Account Change Form

I/We authorize Self-Help Credit Union ("Credit Union") to make the following changes to my/our accounts:

MEMBER/OWNER INFORMATION **MEMBER #:** _____

CHANGE *description of change:* _____

Member/Owner _____

Street _____ SSN/ITIN _____

City/State/Zip _____ Driver License Number _____

Home Phone _____ Date of Birth _____

Email Address _____

Work Phone _____

JOINT OWNER(S) INFORMATION

ADD CHANGE *description of add or change:* _____
 WITH SURVIVORSHIP WITHOUT SURVIVORSHIP

Joint Owner _____

Street _____ SSN/ITIN _____

City/State/Zip _____ Driver License Number _____

Home Phone _____ Date of Birth _____

Email Address _____

Work Phone _____

Joint Owner _____

Street _____ SSN/ITIN _____

City/State/Zip _____ Driver License Number _____

Home Phone _____ Date of Birth _____

Email Address _____

Work Phone _____

Removal of a joint account owner requires consent of all owners and will require that the joint account be closed and a new account be opened in the name of the sole account holder.

ACCOUNTS and/or SERVICES

ADD CHANGE *description of add or change:* _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Savings (Share) | <input type="checkbox"/> Term Certificate | <input type="checkbox"/> Overdraft Transfer |
| <input type="checkbox"/> Youth Savings (UTTMA-Custodian) | | <input type="checkbox"/> Debit Card |
| <input type="checkbox"/> Checking (Share Draft) | <input type="checkbox"/> IRA | <input type="checkbox"/> ATM Card |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Other | |

PAYABLE ON DEATH (POD)/TRUST BENEFICIARY

ADD CHANGE *description of add or change:* _____

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

Agency Print Name of Agent _____

Signature _____ Date _____

AUTHORIZATION & SIGNATURES

I/We agree that the changes on this form amend the previously signed Credit Union Membership and Account Application and/or Credit Union Account Change Card, and that these changes are subject to the terms and conditions of the Membership and Account Agreement, Funds Availability Policy disclosure, Privacy Policy, and Truth-in-Savings Disclosure, Electronic Fund Transfers Agreement, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated therein. I/We acknowledge receipt of the Agreements and Disclosures applicable to the accounts and services requested above in paper form or via electronic disclosure.

X _____ X _____
Signature Date Signature Date

X _____ X _____
Signature Date Signature Date

Any signatory changes made to a business account require the member to submit a new Corporate Resolution and Signature Authority Form.

