



10810 Chapel Hill Rd
Morrisville, NC 27560
(888) 932-8148

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	☐ CHANGE	Joint Owner(s) Information	☐ ADD	☐ CHANGE	☐ REMOVE
Agent	☐ ADD ☐ CHANGE ☐ REMOVE	POD/Trust Beneficiary	☐ ADD	☐ CHANGE	☐ REMOVE
Trustee:	☐ ADD ☐ CHANGE ☐ REMOVE	Account Type/Services	☐ ADD	☐ CHANGE	☐ REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner:	Account No.
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: ☐ Listed ☐ Unlisted	Home E-mail:
Work Phone:	Work E-mail:
Employment:	Mother's Maiden Name:

The account(s) is a Joint Account: (G.S.54-109.58): We ☐ do ☐ do not elect to create the Right of Survivorship in this account.

We understand that by establishing a joint account under the provisions of North Carolina General Statute 54-109.58 that: (1) the Credit Union may pay the money in the account to, or on the order of, any person named in the account unless we have directed that withdrawals require more than one signature; and (2) if we elect to create the right of survivorship in the account, that upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold 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 on the reverse side. 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: ☐ Listed ☐ Unlisted	Home E-mail:
Work Phone:	Work E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: ☐ Listed ☐ Unlisted	Home E-mail:
Work Phone:	Work E-mail:

ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD) Account** (G.S. 54-109.57). ☐ All Accounts ☐ Designate Specific Account(s):

I/we understand that by establishing a Payable on Death account under the provisions of North Carolina General Statute 54-109.57 that: (1) during my/our lifetime I/we may withdraw the money in the account; and (2) by written direction to the Credit Union I/we individually or jointly, may change the beneficiary or beneficiaries; and (3) upon my/our death the money remaining in the account will belong to the beneficiary or beneficiaries, and the money will not be inherited by my (or our) heirs or be controlled by will.

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
SSN/TIN:	SSN/TIN:

☐ **Personal Agency** Print Name of Personal Agent: _____

Signature: _____ Date: _____
☐ All Accounts ☐ Designate Specific Accounts

(G.S. 54-109.63) I understand that by establishing a personal agency account under the provisions of N.C.G.S. 54-109.63 that the agent named in the account may (1) sign checks drawn on the account; and (2) make deposits into the account. I also understand that upon my death the money remaining in the account will be controlled by my will or inherited by my heirs.

☐ **Other:** _____ ☐ See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

☐ Share/Savings	Suffix*	☐ Share/Money Market	Suffix*
☐ Share Draft/Checking		☐ Living Trust	
☐ Share Certificate/Certificate		☐ Other	

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed on front. If this card applies to more than one account of the same type more than one suffix will be listed for that account type.

ACCOUNT SERVICES☐ Payroll Deduction/Direct Deposit:☐ Audio Response:☐ Overdraft Protection (Indicate transfer priority):☐ ATM Card:☐ Debit Card:☐ PC Access/Internet Banking:☐ 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, 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. If a joint account is requested, I/we agree to the survivorship designation in the "OWNERSHIP INFORMATION CHANGES" section.

Signature

Date

X

Signature

Date

X

Signature

Date

X

Signature

Date

X**FOR CREDIT UNION USE ONLY**☐ See Account Authorization Card☐ See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

☐ Credit Report☐ Check Verify☐ PIN Request☐ Access Card☐ Audio Response☐ PC Access/Internet Banking☐ OFAC Verification (includes member/owner, joint owners, minors, beneficiaries and/or authorized signers/fiduciaries)