



Account Change Card

Please print this form, fill it out and return it to the credit union
P.O. Box 31049, Jackson MS 39286

Subsequent Actions

I/We authorize the Credit Union to make and accept the following changed to my/our accounts:
TYPE OF CHANGE (Please indicate the type of change and complete on the information that affects the change).

- | | |
|---|---|
| Member Information <input type="checkbox"/> Change | Joint Owners(s) Information <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 |
| | Account Type/Service <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove/Close |

Primary Member Account Number:

First Name:	Last Name:
Social Security Number:	Date of Birth:
Home Phone Number:	Work Phone Number:
Cell Phone Number:	Email Address:
Drivers License #:	Present Employer:
<i>Home Address:</i> Street:	
City:	State: Zip:

This account(s) is a Joint Account With Survivorship Without Survivorship

Joint Owners First Name:	Last Name:
Social Security Number:	Date of Birth:
Home Phone Number:	Work Phone Number:
Cell Phone Number:	Email Address:
Drivers License #:	Present Employer:
<i>Home Address:</i> Street:	
City:	State: Zip:

POD/Beneficiary Designation

All Accounts Designate specific accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

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

Account Type/Service

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Share Savings | <input type="checkbox"/> Vacation Club | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Third Party Bill Pay Account | <input type="checkbox"/> ATM |
| <input type="checkbox"/> Christmas Club | <input type="checkbox"/> Special Savings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Entire Account | |

Authorization: I/We agree that the changes made on this form amend the previously signed Account Change 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 a copy 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 _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

Credit Union Use Only: Date: _____ **Change Approved By:** _____