

CHANGE/ADD/DELETE AUTHORIZATION Please print all information.



Account Number to be Modified

Account Number	Name: First	Middle	Last	Suffix
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1. Change of Contact Information Enter youth's information if applying for Money Musketeers® or Dinero Teens accountSM.

New Mailing Address: <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign	Address (Additional Line)	City (Country name if foreign address)	State	Zip
Social Security Number	Driver's License Number/State	Date of Birth (mm/dd/yyyy)	Account Password	
New Employer Name	New Home Phone	New Work Phone/Ext.	New Email Address	
New Employer Address	Address (Additional Line)	City	State	Zip

2. Change Name on Account A photocopy of the official court documentation is required in order to process a name change.

<input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Member	Name: First	Middle	Last	Suffix	Reason for change
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3. Joint Owner(s) for this Account Designates ownership in all sub-accounts within this membership number except IRAs.

Name: First	Middle	Last	Suffix
Social Security Number	Driver's License Number/State	Date of Birth (mm/dd/yyyy)	
Name: First	Middle	Last	Suffix
Social Security Number	Driver's License Number/State	Date of Birth (mm/dd/yyyy)	

4. Remove Joint Owner It is required that the Joint Owner signs this form and has it notarized in order to process the removal.

I, _____, do hereby relinquish all rights to account # _____. Please remove my name from all accounts within this account number.

First _____ Middle _____ Last _____

Joint Member Signature	Date	Subscribed and sworn before, this the _____ day of _____, _____. Notary Public _____
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5. Add Accounts and Services

ACCOUNTS	Account Type <small>Select one type for each account</small>	Initial Deposit	SERVICES	
<input type="checkbox"/> New Savings	<input type="checkbox"/> Regular <input type="checkbox"/> Money Musketeers <input type="checkbox"/> Dinero Teens	\$ _____ \$5 Minimum	<input type="checkbox"/> Debit/ATM Card	Name to appear on Debit/ATM card(s):
<input type="checkbox"/> Convert Savings to	<input type="checkbox"/> Regular <input type="checkbox"/> Money Musketeers <input type="checkbox"/> Dinero Teens		<input type="checkbox"/> Additional Debit/ATM Card	Name to appear on Debit/ATM card(s):
<input type="checkbox"/> New Checking	<input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award <input type="checkbox"/> Dinero Teens	\$ _____ \$25 Minimum	<input type="checkbox"/> Online Banking <small>Minimum of 6 characters and must include at least one letter and one number.</small>	<input type="checkbox"/> Telephone Banking <small>Minimum of 6 characters and numeric only.</small>
<input type="checkbox"/> Switch Checking to	<input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award <input type="checkbox"/> Dinero Teens		PIN _____	PIN _____
<input type="checkbox"/> Money Market		\$ _____ \$2,500 Minimum	<input type="checkbox"/> Check Clear® Courtesy Overdraft Privilege <input type="checkbox"/> Opt in <input type="checkbox"/> Opt out	
			<input type="checkbox"/> Change Account Password	New Password _____

6. Payable on Death Designation All beneficiaries share equally.

<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary Name: First	Middle	Last	Suffix
	Social Security Number		Date of Birth (mm/dd/yyyy)	
<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary Name: First	Middle	Last	Suffix
	Social Security Number		Date of Birth (mm/dd/yyyy)	

7. Signatures By signing, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement 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 Account Agreement and Disclosures applicable to the account(s).

Member Signature	Date
Joint Member Signature	Date
Joint Member Signature	Date

* A photocopy of a government-issued I.D. (driver's license, passport, etc.) for each signer is required in order to process this application.