



Account Change Form

Date: _____

Member Account #: _____

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts.

ADD CHANGE REMOVE

- Share Draft/Checking
- Debit Card
- ATM Card
- Overdraft Protection Share Transfer
- Joint Owner
- Name Change
- Beneficiary
- Other _____

OWNERSHIP INFORMATION

Member Name: _____

Street: _____

City/State/Zip: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

eMail Address: _____

SSN/TIN: _____

Driver's License #: _____

Driver's License Issued Date _____ Exp Date _____

Date of Birth: _____

Mother's Maiden Name: _____

Employer: _____

JOINT OWNER/AGENT

The account(s) is a Joint Account with Rights of Survivorship

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquish ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE/SERVICES" section. This relinquishment does not affect my/our obligation to any loan accounts.

Agent: The Credit Union will not recognize the authority of someone to whom you have given power of attorney without written authorization and a copy of the Power of Attorney on record at the Credit Union

Joint Owner: ADD CHANGE REMOVE

Agent: ADD CHANGE REMOVE

Joint Owner/Agent 1: _____

Street: _____

City/State/Zip: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

eMail Address: _____

SSN/TIN: _____

SSN/TIN: _____

Driver's License #: _____

Driver's License Issued Date _____ Exp Date _____

Date of Birth: _____

Mother's Maiden Name: _____

Employer: _____

Joint Owner: ADD CHANGE REMOVE

Agent: ADD CHANGE REMOVE

Joint Owner/Agent 1: _____
Street: _____
City/State/Zip: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
eMail Address: _____

SSN/TIN: _____
SSN/TIN: _____
Driver's License #: _____
Driver's License Issued Date _____ Exp Date _____
Date of Birth: _____
Mother's Maiden Name: _____
Employer: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD) Beneficiaries: ADD CHANGE REMOVE

Beneficiary 1/POD Payee: _____
Street: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____
Other Info: _____

Beneficiary 2/POD Payee: _____
Street: _____
City/State/Zip: _____
Date of Birth: _____
SSN: _____

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, 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. 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 Transfer Agreement and Disclosure.

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

CREDIT UNION USE ONLY
Beacon Score(s) _____ Last 4-digits on Card _____ Type of Card Approved: Debit ATM Employee's Initial _____

If you are mailing, emailing or faxing this Account Change Form, please include a copy (front and back) of your State or Government issued ID card. Thank you!

Mailing address: 6400 SE Lake Road, Suite 125, Milwaukie, OR 97222

Email address: service@providencecu.org

Fax number: (503) 513-8770