

Labor Credit Union

200 Constitution Ave NW Rm S-3220 Washington, DC (202) 789-2901 • Fax: (202) 408-8253

ACCOUNT CHANGE CARD

JENT NS	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.)								
SUBSEQUENT ACTIONS	Account Owner Information	Joint Owner(s) Information			Add Change	Remove			
	Agent Add Change	Change			ust Beneficiary		Add Change		
	Trustee Add Change				t Type/Services		Add Change	 □ Remove	
OWNERSHIP INFORMATION CHANGES	Member/Owner:					Account No.			
	Street:					SSN/TIN:			
	City/State/Zip:						Driver's Lic. No:		
	Home Phone: ()	Home E-mail:				Date of Birth:			
	Work Phone: (Work E-mail:			Mother's Maiden Name:				
	Employment:								
	The account(s) is a Joint Account With Survivorship Without Survivorship								
	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: ()			mail:		Mother's Maiden Name:			
	Work Phone: () Work E						2011/711		
	Joint Owner:						SSN/TIN:		
	Street:						Driver's Lic. No:		
	City/State/Zip: Home Phone: () Home E-mail:						Date of Birth:		
	Home Phone: () Home E- Work Phone: () Work E-r					Mother's Maiden Name:			
CCOUNT DESIGNATIONS	Payable on Death (POD)/Trust Account All Accounts Designate specific account(s):								
					Beneficiary/POD Date of Birth:				
	Street:				Beneficiary/POD SSN:				
	City/State/Zip:								
					All Accounts Designate Specific Account(s):				
	Signature				(date)				
	Other: See Account Authorization Card								
Ϋ́	ACCOUNT TYPE				ACCOUNT SERVICES				
Share/Savings:			Aarket: Overdraft Protection (indicate			cate t	transfer priority below):		
Share Draft/Checking: Other:				ATM Card:			Audio Response:		
Share Certificate/Certificate:				Debit Card:			PC Access/Internet Banking:		
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 Rate and Fee Schedule, 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 Funds Transfer Agreement.									
X		x		X					
Signature Date S			nature Date				Signature	Date	
FOR CRE	DIT UNION USE ONLY	See Acc	See Account Authorization Card] Se	See Insurance Beneficiary Card		
Date of Me	embership:	Opened/Ap	p'd by:		Member Verification:				
Credit	Report	Check V	/erify		PIN Request				
Access	s Card	🗌 Audio R	esponse	PC Access/Internet Banking					

© CUNA Mutual Business Services Inc., 1993, 1999