

## **Labor Credit Union**

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

## 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.)											
DOI NOT	Account Owner Information	•	Joint Owner(s) Information				Add [	, Change	Remove			
BSE	Agent Add Change	☐ Chang	· =					Add	Change	Remove		
ns	Trustee Add Change	=			Type/Serv	_		Add	] Change	Remove		
	Member/Owner:							Account No.				
	Street: SSN/TIN:											
OWNERSHIP INFORMATION CHANGES	City/State/Zip:							Driver's Lic. No:				
	Home Phone: ( )	Home E-	Home E-mail:				Date of Birth:					
	Work Phone: (	Work E-r	Work E-mail:				Mother's Maiden Name:					
	Employment:											
	The account(s) is a Joint Account		With Survivorship Without Surv									
	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:					
Z L	Street:						[	Driver's Lic. No:				
HS.	City/State/Zip:				Date of Birth				th:			
ÄER	Home Phone: ( )		Home E-mail:				Mother's Maiden Name:					
OWI	Work Phone: ( )		Work E-r	mail:								
	Joint Owner:							SSN/TIN:				
	Street:							Driver's Lic. No:  Date of Birth:				
	City/State/Zip: Home Phone: ( ) Home E				mail:			Mother's Maiden Name:				
	Work Phone: ( ) Work E-r											
CCOUNT DESIGNATIONS	Payable on Death (POD)/Trust Account  All Accounts  Designate specific account(s):											
	Beneficiary/POD Payee:  Beneficiary/POD Date of Beneficiary						of Birth	Birth:				
	Street: Beneficiary/POD SSN											
	City/State/Zip:											
	Agency Print Name of Agent				☐ All Accounts ☐ Designate Specific Account(s):							
	Signature				(date)							
	Other: See Account					t Authorization Card						
⋖	ACCOUNT TYPE				ACCOUNT SERVICES							
☐ Share/Savings: ☐			Money Market: Overdraft Protection (indicate				ate tra	transfer priority below):				
☐ Share	Draft/Checking:	Other:		□ ат	ATM Card:			☐ Audio Response:				
☐ Share	Certificate/Certificate:					Debit Card:			☐ PC Access/Internet Banking:			
			AUTH	HORIZA	TION							
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						
Signature		Date Sign			Date			gnature		Date		
FOR CREDIT UNION USE ONLY		☐ See Ac	☐ See Account Authorization Card				☐ See Insurance Beneficiary Card					
Date of Me	embership:	Opened/Ap	Opened/App'd by:				Member Verification:					
☐ Credit	Report	☐ Check Verify			☐ PIN Request							
☐ Access	s Card	☐ Audio Response				□ PC	PC Access/Internet Banking					

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