

Membership Account Subsequent Action Request and Authorization

Complete an Account Subsequent Action Request and Authorization Form for each member number that will have information changed.

Pri	mary Member's Name								
Re	quest by: □ Primary or □ Joint	Name				SSN			
Driver's License #		State	Date Issued _	/	/	_ Date Expir	es	_/	_/
		Add	ress Change						
Ph	ysical Address		0						
Ma	ailing Address								
	lephone Number ()		Email Addre	ess					
			t Account Open						
Ple	ase check all specific types of produc			8					
	Savings [RS] (\$25 minimum)	1			Requ	est Cash Card	Pin		
	Super 60 [SS] (\$600 minimum to oper				-	est Visa Debit		d Pin	
	Money Market Account [MM] (\$50	· · · · · · · · · · · · · · · · · · ·	o open)		Keyu	est visa Debit	Cart		L
	Payment Transfer [PT]								
	Custodian Account [CA]								
	Savings Quest [KS] (\$5 minimum)								
	MyFi Savings [TS] (\$5 minimum)								
	Christmas Club [CC] (check) (\$25 m								
□ Christmas Club Rollover [CR] (\$25 minimum)									
Christmas Club Transfer [CT] Member Number Account Type Sub									
	Vacation Club [VC] (\$25 minimum)								
	Term Share Certi icate								
	5 Month [B1] (\$500 minimum)	□ 6 M	onth [C1] (\$2,000 1	minim	num)				
	□ 12 Month [C2] (\$2,000 minimum) □ 18 Month [C3] (\$2,000 minimum)								
	24 Month [C4] (\$2,000 minimum		[onth [C5] (\$2,000		,				
	60 Month [C7] (\$2,000 minimum)		onth Jumbo [CJ]		,	imum)			
	Individual Retirement Account (II					,			
	Type of IRA	🗆 Roth			Covere	dell Education	al		
	Type of Product	🗆 Certi	ficate (Term)						
	Payable on Death/Trust (additional	forms require	d and approval need	led)					
I a	cknowledge that: 🗆 I have received disc	closures regardi	ing Funds Availability	, Truth	-In-Savi	ngs, and Electron	ic Fun	d Tra	nsfers, or
	□ I understand that	t I will receiv	ve such disclosure	writin	ng 20 da	ays after my ac	count	is op	pened.
		Na	me Change						
	***Name on account <u>MUST</u> n		0	l Sec	urity (Card or ITIN	Care	d **'	*
Ol	d Name:								
	rification Method (please provide co								
		Signature	and Authorizat	ion					
Bv	signing below, the undersigned	0			nt(s) sł	hall follow th	e sai	me	
•	nership and Payable-On-Death		0						
		_	_						
Sig	gnature			D	ate	_//			
		Credit	Union Use Only	,					
Tal	llar Number Undeted by		Union Use Only		ronch				
	ller Number Updated by		to/	B					
16	ller Number Audited by	Da	IC//					Re	ev. 05/12