



Department of Labor FCU  
 200 Constitution Ave NW Rm S-3220 Washington, DC 20210  
 (202) 789-2901 • Fax: (202) 408-8253

# ACCOUNT CHANGE CARD

<b>SUBSEQUENT</b>	I/We authorize the Credit Union to make and accept the following changes to my/our accounts: <b>TYPE OF CHANGE</b> (Please indicate the type of change and complete only the information that affects the change.)									
	<b>Account Owner Information</b>			<input type="checkbox"/> Change	<b>Joint Owner(s) Information</b>			<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
	<b>Agent</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<b>POD/Trust Beneficiary</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove		
	<b>Trustee</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	<b>Account Type/Services</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove		

<b>OWNERSHIP INFORMATION CHANGES</b>	<b>Member/Owner:</b>		<b>Account No.</b>	
	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 <input type="checkbox"/> <b>With Survivorship</b> <input type="checkbox"/> <b>Without Survivorship</b>			
	<b>Joint Owner:</b> 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.			
	<b>Joint Owner:</b>		SSN/TIN:	
	Street:		Driver's Lic. No:	
	City/State/Zip:		Date of Birth:	
	Home Phone: (    )	Home E-mail:	Mother's Maiden Name:	
	Work Phone: (    )	Work E-mail:		
	<b>Joint Owner:</b>		SSN/TIN:	
	Street:		Driver's Lic. No:	
City/State/Zip:		Date of Birth:		
Home Phone: (    )	Home E-mail:	Mother's Maiden Name:		
Work Phone: (    )	Work E-mail:			

<b>ACCOUNT DESIGNATIONS</b>	<input type="checkbox"/> <b>Payable on Death (POD)/Trust Account</b> <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate specific account(s):			
	Beneficiary/POD Payee:		Beneficiary/POD Date of Birth:	
	Street:		Beneficiary/POD SSN:	
	City/State/Zip:			
	<input type="checkbox"/> <b>Agency</b> Print Name of Agent <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s):			
	Signature		(date)	
	<input type="checkbox"/> <b>Other:</b> <input type="checkbox"/> See Account Authorization Card			
	<b>ACCOUNT TYPE</b>		<b>ACCOUNT SERVICES</b>	
	<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:	<input type="checkbox"/> Overdraft Protection (indicate transfer priority below):	
	<input type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Other:	<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Audio Response:
<input type="checkbox"/> Share Certificate/Certificate:		<input type="checkbox"/> Debit Card:	<input type="checkbox"/> 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.

<b>X</b>	<b>X</b>	<b>X</b>
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

<b>FOR CREDIT UNION USE ONLY</b>		
<input type="checkbox"/> See Account Authorization Card	<input type="checkbox"/> See Insurance Beneficiary Card	
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking