CY-CO FEDERAL CREDIT UNION
10800 River Road
WestWego, LA 70094
(504) 431-6577

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.)

Account Owner Information			☐ Change	**Joint Owner(s) Information**	☐ Add	☐ Change	☐ Remove
Agent	☐ Add	☐ Change	☐ Remove	**POD/Trust Beneficiary**	☐ Add	☐ Change	☐ Remove
Trustee	☐ Add	☐ Change	☐ Remove	**Account Type/Services**	☐ Add	☐ Change	☐ Remove

OWNERSHIP INFORMATION CHANGES

Member/Owner:		**Account No.**
Street:		SSN/TIN:
City/State/Zip:		Driver's Lic. No:
Home Phone: ☐ Listed ☐ Unlisted		Date of Birth:
Work Phone:	E-mail:	Password:
Employment:		

If one or more Joint Owners are listed below, the account(s) noted under Account Type is / are a Joint Account(s) with Access to the Account(s) after Death of one or more Parties.

Joint Owner: The parties signed below will hold Credit Union harmless for actions regarding account access. If this form removes a Joint Owner, the removed joint owner(s) relinquishes ownership interest including any membership share in the account(s) set forth below. This relinquishment does not affect a borrower's obligation on any loan accounts.

Joint Owner:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Home Phone: ☐ Listed ☐ Unlisted		Password:
Work Phone:	E-mail:	

Joint Owner:		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Home Phone: ☐ Listed ☐ Unlisted		Password:
Work Phone:	E-mail:	

ACCOUNT DESIGNATIONS

☐ **Payable on Death (POD)/Trust Account** ☐ All Accounts ☐ Designate Specific Account(s):

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

☐ **Agency** Name of Agent: _____ (please print)

Signature: _____ (date)

☐ All Accounts ☐ Designate Specific Account(s):

☐ **Other:** ☐ See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

	Suffix *		Suffix *
☐ Share/Savings	_____	☐ Money Market	_____
☐ Share Draft/Checking	_____	☐ Living Trust	_____
☐ Share Certificate	_____	☐ Other	_____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that ACCOUNT TYPE.

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ACCOUNT SERVICES	
☐ Payroll Deduction/Direct Deposit:	
☐ Audio Response:	
☐ Overdraft Protection (Indicate transfer priority):	
☐ ATM Card:	☐ Debit Card:
☐ PC Access/Internet Banking:	
☐ Other:	

AUTHORIZATION

By signing below, I/we certify that the information on this Account Card is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time. The terms and conditions of these documents are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. 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. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

X	**X**
Signature Date	Signature Date
X	**X**
Signature Date	Signature Date

FOR CREDIT UNION USE ONLY	☐ **See Account Authorization Card**	☐ **See Insurance Beneficiary Card**
Date of Membership:	Opened/App'd by:	Member Verification:
☐ Credit Report	☐ Check Verify	☐ PIN Request
☐ Access Card	☐ Audio Response	☐ PC Access/Internet Banking

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