



# Cooperative Federal

1816 Erie Blvd East • Syracuse, NY 13210  
(315)471-1116 • www.coopfed.org

## Account Change Card

### SUBSEQUENT ACTIONS

This form establishes additional account(s), changes ownership of existing account(s), changes owner's personal information and/or identifies new account service(s).

### TYPE OF CHANGE

Please indicate the type of change and complete only the information that affects the change.

### MEMBER INFORMATION CHANGES

Change of Legal Name of Member  Change of Address and/or Phone Number

<b>Member/Owner Name</b>		<b>Member No.</b>	
Former Legal Name			
Street		SSN/TIN	
City/State/Zip		Type of ID	Expiration Date
Home Phone	Work Phone	ID No.	State of Issue
Date of Birth	Cell Phone	Password	
E-mail	Membership Eligibility	Occupation/Employer	

### ACCOUNT OWNERSHIP

Individual Account  Other

### JOINT OWNER INFORMATION

Joint Owner: Addition or Removal of a Joint Account Owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. Removal from an account terminates a Joint Owner's ownership of the account(s), including any membership share in the account(s). The termination of ownership rights does not affect the Joint Owner's liability to the Credit Union for any loan or other obligation.

<b>Joint Owner</b>		SSN/TIN	<input type="checkbox"/> OFAC
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Work Phone	Occupation/Employer	
Date of Birth	Cell Phone	E-mail	<input type="checkbox"/> Existing Member
<b>Joint Owner</b>		SSN/TIN	<input type="checkbox"/> OFAC
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Work Phone	Occupation/Employer	
Date of Birth	Cell Phone	E-mail	<input type="checkbox"/> Existing Member

ACCOUNT DESIGNATIONS			
PAYABLE ON DEATH (POD) / TRUST ACCOUNT			
<input type="checkbox"/> All Accounts		<input type="checkbox"/> Other	
Beneficiary/POD Payee		Beneficiary/POD Payee	
SSN	DOB	SSN	DOB
Street	<input type="checkbox"/> OFAC	Street	<input type="checkbox"/> OFAC
City/State/ZIP		City/State/ZIP	

ACCOUNT TYPE	
Listed below is/are account(s) that will be established or changed by the information on this form. All of the terms, conditions, form of ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.	
<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Money Market
<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> Other:
<input type="checkbox"/> Share Certificate	

AUTHORIZATION	
<p>By signing below, I/we agree that the changes on this form amend information on previously signed forms. I/we certify that the information on this form is complete and true and further that our accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. I/we acknowledge that I/we have received a copy of the Agreement and Disclosures applicable to the accounts and services requested. If an ATM/Debit card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we understand the credit union will request information from me/us to verify my/our identity. I/we understand that the credit union may report negative information about my/our share, deposit or loan accounts to credit bureaus. Missed payments, late payments and other defaults on my/our accounts may be reflected in my/our credit report. By submitting the application, you authorize the Credit Union to verify credit and employment history by any necessary means, including request of a credit report by a credit reporting agency.</p> <p>The undersigned hold harmless and agree to indemnify the Credit Union for all costs, losses and expenses resulting from the removal of a Joint Owner from an account. All owners have signed below to show consent of the removal or the addition of any joint owners.</p>	
X _____ Signature Date	X _____ Signature Date
X _____ Signature Date	X _____ Signature Date

FOR CREDIT UNION USE ONLY		
Date of Change	CU Membership/Changes Approved By:	Member ID Verified by:
		<input type="checkbox"/> OFAC <input type="checkbox"/> Debit/CC
		<input type="checkbox"/> Credit Report <input type="checkbox"/> IRA Direct