

St. Thomas Employees Cr. Un.  
99 White Bridge Rd. Suite 201  
Nashville, Tn. 37205

# 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.)

<b>Member/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>Other</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

## OWNERSHIP INFORMATION CHANGES

<b>Member/Owner</b> _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone ( ) _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone ( ) _____	Employment _____
E-mail _____	

The account(s) is a Joint Account  **With Survivorship**  **Without Survivorship**

**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.

<b>Joint Owner</b> _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone ( ) _____	Password _____
Work Phone ( ) _____	E-mail _____

<b>Joint Owner</b> _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone ( ) _____	Password _____
Work Phone ( ) _____	E-mail _____

**ACCOUNT DESIGNATIONS**

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_  
Street \_\_\_\_\_ Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Agency Print Name of Agent \_\_\_\_\_  
Signature \_\_\_\_\_ (date) \_\_\_\_\_

Other \_\_\_\_\_  See Account Authorization Card

**ACCOUNT TYPE**

**ACCOUNT SERVICES**

Share/Savings \_\_\_\_\_  
 Share Draft/Checking \_\_\_\_\_  
 Money Market \_\_\_\_\_  
 Share Certificate \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

Payroll Deduction/Direct Deposit  
 Overdraft Protection (indicate transfer priority below) \_\_\_\_\_  
 ATM Card \_\_\_\_\_  
 Debit Card \_\_\_\_\_  
 Audio Response \_\_\_\_\_  
 PC Access/Internet Banking \_\_\_\_\_  
 Other \_\_\_\_\_

**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 Disclosure, 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 a copy 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 \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

X \_\_\_\_\_  
Signature Date

**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