



## ACCOUNT CHANGE FORM

**Primary Member Information**

Member Name: \_\_\_\_\_  
Last First MI

Membership #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Add/Change/Close Account</b>	<b>Add Products/Services</b>
Basic Checking: <input type="checkbox"/> Add <input type="checkbox"/> Close	ATM Card: <input type="checkbox"/>
Premier Checking: <input type="checkbox"/> Add <input type="checkbox"/> Close	Debit Card: <input type="checkbox"/>
Money Market: <input type="checkbox"/> Add <input type="checkbox"/> Close	Checks: <input type="checkbox"/>
Special Savings: <input type="checkbox"/> Add <input type="checkbox"/> Close	Direct Deposit: <input type="checkbox"/>
Club Savings: <input type="checkbox"/> Add <input type="checkbox"/> Close	E-Statements: <input type="checkbox"/>
Certificates of Deposit: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Close	
Health Savings Account: <input type="checkbox"/> Add <input type="checkbox"/> Close	

**I/we authorize the above designated changes:**

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved By:

\_\_\_\_\_  
 Signed Date  
 Membership Officer