Suffolk Credit Union

ACCOUNT CHANGE CARD

Member No.

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/POA	Add	Change	Remove	**POD/In Trust Beneficiary**	Add	Change	Remove
Cust.	Add	Change	Remove	**Account Type/Services**	Add	Change	Remove

OWNERSHIP INFORMATION CHANGES

Member/Owner SSN/TIN
Street Driver's Lic. No.
Date of Birth
City/State/Zip: Mother's Maiden Name
Home Phone Cell Phone: Home E-mail
Employment Phone E-mail

The account(s) is a Joint Account: [X] **With 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 below. This relinquishment does not affect my/our obligation on any loan account(s).

Joint Owner SSN/TIN
Street Driver's Lic. No.
City/State/Zip Date of Birth
Home Phone Cell Phone: Mother's Maiden Name
Home E-mail Work Phone Work E-mail

Joint Owner SSN/TIN
Street Driver's Lic. No.
City/State/Zip Date of Birth
Home Phone Cell Phone: Mother's Maiden Name
Home E-mail Work Phone Work E-mail

ACCOUNT DESIGNATIONS

Payable on Death (POD) All Accounts Designate specific account(s)

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

ACCOUNT TYPE

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

ACCOUNT SERVICES

Overdraft Protection
LOC VISA
ATM Card Debit Card
Audio Response
Other

CHEXSYSTEMS VERIFICATION

The USA Patriot Act requires identity verification for all new accounts. Suffolk Federal Credit Union uses ChexSystems, powered by eFunds (a consumer reporting agency), to verify information when opening new memberships, checking accounts, or the addition of new joint members. A credit bureau report from a credit reporting agency may also be obtained when applying for membership or to open new accounts. Decisions, based on information obtained from outside agencies and the Credit Union policies, are at the sole discretion of the Credit Union. If you are declined for any reason, an adverse action notice will be provided to you.

X **Member's Initials** X **Joint's Initials**

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 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 and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature Date
Signature Date
Signature Date

CREDIT UNION USE ONLY **See Account Authorization Card** **See Insurance Beneficiary Card**

Date of Membership Opened /App'd by Teller No. Member Verification

Credit Report Access Card Check Verify Audio Response PIN Request PC Access/Internet Banking

Opened By Approved By