360 Federal Credit Union

Account Change Card

Account Owner:	Account Number:	
Change Account Information		
Street:	Home:	Work:
City/State/Zip:	Cell:	
Name (Existing):	Name (New):	
Account Number (Existing):	Account Numbe	er (New):
Other Changes:		
Add an Account Owner: (The Account(s) is a Multiple Party	Account as designated	below.)
\Box Add a Joint Owner w/ Rights of Survivorship \Box Trustee \Box	Custodian 🗆 POA 🗆 F	POD/Beneficiary
Name:	SSN/TIN:	
Street:	Date of Birth:	
City/State/Zip:	Mother's Maiden Name:	
Home: Work/Cell:	ID Used/Exp:	
Primary Account #:		
□ Add a Joint Owner w/ Rights of Survivorship □ Trustee □	Custodian 🗌 POA 🗌 F	POD/Beneficiary
Name:	SSN/TIN:	
Street:	Date of Birth:	
City/State/Zip:	Mother's Maiden Name:	
Home: Work/Cell:	ID Used/Exp:	
Primary Account #:		
□ Remove an Account Owner : (If requested by the Credit Union owners, and we will hold the Credit Union harmless for actions reinterest including any membership share in the account(s) set for the transmission of transmissio	garding account access. The n. This relinquishment does	e removed account owner relinquishes ownership not affect my/our obligation on any loan documents.)
Name:	ID Used/Exp:	
□ Add Account/Service(s) □ Terminate Account/Service((s)	
Account Suffix(es) Affected:		
□ Savings □ Checking □ Fresh Start Checking	🛛 Money Market	□ SC/IRA () () () ()
□ Other Savings Accounts: □ Overdraft Source	Overdraft Sources:	
I/We agree that the changes on this Account Change Card amends the pre- terms and conditions of; the Membership and Account Agreement, Truth- User Agreement if applicable. I/We acknowledge receipt of a copy of any a above. If an access card or EFT service is requested and provided, I/we ag- electronic disclosures are requested, I/We certify that the email address giv disclosures from 360 Federal Credit Union electronically. If your email address updated disclosures when changes are made.	in-Savings Rate and Fee Schedu additional Agreements and Disc gree to the terms and acknowle ven is correct and I/We agree t	Ile, Funds Availability Policy Disclosures, and the eStatement losures applicable to the accounts and services requested edge receipt of the Electronic Funds Transfer Agreement. If o receive any intial and on-going federally mandated
Account Owner Signature:	Date:	ID Used/Exp:
Joint Owner Signature:	Date:	ID Used/Exp:
Joint Owner Signature:	Date:	ID Used/Exp:
For Credit Union Use Only		
Date of Changes:	Changes Made F	y:
Current Branch:		
		cm;