



360 Federal Credit Union

191 Ella Grasso Turnpike
 Windsor Locks, CT 06096
 (860) 627-4200 (800) 544-4728

ACCOUNT CHANGE CARD

NAME OF PRIMARY OWNER				DATE	
I would like to make the changes to my existing account(s) as designated below.					
Share Savings Account Basic Checking Premium Checking CashBack Checking Free Checking Vacation Club Holiday Club Special Purpose Money Market Account IRA Accumulator Account Traditional Roth Share Certificate Roth IRA Certificate Traditional IRA Certificate with the following term: 3 months 6 months 1 Year 15 months 18 months 2 Year 3 Year 4 Year 5 Year				Credit Union Use Only: Member No. _____ Account No. _____	
DESIGNATIONS/INSTRUCTIONS:					
Please add the following new Joint Owner Beneficiary Other Owner to the above designated account(s) (Designation 1): _____ . Please add the following new Joint Owner Beneficiary Other Owner to the above designated account(s) (Designation 2): _____ . Please remove _____ as a Joint Owner Beneficiary Other Owner to the above designated account(s): _____ . Please remove _____ as a Joint Owner Beneficiary Other Owner to the above designated account(s): _____ .					
DESIGNATION 1:					
LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY #
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY		STATE ZIP
MAILING ADDRESS		APT/UNIT #	CITY		STATE ZIP
YEARS AT RESIDENCE		RENT	OWN	PHRASE	
ID NUMBER		ISSUER		ID ISSUE DATE	EXPIRATION DATE
In order for you to verify my identity, I am providing: State issued Driver's License State issued ID Card Government-issued ID Card U.S. Military ID Card U.S. Passport Permanent Resident Card Other, Describe: _____					
EMPLOYER'S NAME				OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS

DESIGNATION 2:				
LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
MAILING ADDRESS		APT/UNIT #	CITY	STATE ZIP
YEARS AT RESIDENCE	RENT	OWN	PHRASE	
ID NUMBER	ISSUER	ID ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH
In order for you to verify my identity, I am providing: State issued Driver's License State issued ID Card Government-issued ID Card U.S. Military ID Card U.S. Passport Permanent Resident Card Other, Describe: _____				
EMPLOYER'S NAME			OCCUPATION	
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

CONTACT INFORMATION CHANGES				
Primary Owner: _____ (Name)		Joint Owner: _____ (Name)		
Beneficiary: _____ (Name)		Other: _____ (Name)		
Change of Address:				
Add Change: Primary Address				
New Address: _____				
Add Change: Mailing Address				
New Address: _____				
Add Change: Temporary Address				
New Address: _____				
Begin Date From: _____ To (end date): _____				
Add Change: Phone Number				
New Cell _____ Home _____ Work _____				
Add Change: Email Address				
New Email Address: _____				
Add Change: Employer/Occupation				
New Employer/Occupation: _____				

IDENTIFICATION CHANGES				
Primary Owner: _____ (Name)		Joint Owner: _____ (Name)		
Beneficiary: _____ (Name)		Other: _____ (Name)		
Name Change				
New Name: _____				
Add Change: Mother's Maiden Name				
New Name: _____				
Add Change: Social Security Number				
Social Security Number: _____				
Add Change: Identification				
ID NUMBER	ISSUER	ID ISSUE DATE	EXPIRATION DATE	DATE OF BIRTH

In order for you to verify my identity, I am providing: State issued Driver's License State issued ID Card Government-issued ID Card U.S. Military ID Card U.S. Passport, No. Permanent Resident Card, No. Other, Describe: _____				
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ACCOUNT CHANGES	
Primary Owner: _____ (Name)	Joint Owner: _____ (Name)
Beneficiary: _____ (Name)	Other: _____ (Name)
<p>Change Account Number</p> <p>Due to fraud and/or identity theft, the following account no. _____ has been compromised and therefore closed.</p> <p>My new account no. is _____. The only change to my account is the account number and all other terms and conditions remain unchanged and in full force and effect.</p>	
<p>Close an Account</p> <p>Account Number: _____</p> <p>Reason: _____</p>	
<p>Change type of Account</p> <p>From: _____ To: _____</p>	
<p>Change Primary Owner</p> <p>New Primary Owner: _____</p>	

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:
<p>Debit/Check Card (use at ATMs and for purchases at places that accept Visa) attached to my: Checking Account Savings Account</p> <p>Additional Card for Joint Owner.</p> <p>ATM Card (use to withdraw/deposit money at ATMs) attached to my Savings Account</p> <p>Additional Card for Joint Owner</p> <p>E-Statements: Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____</p> <p>E-Notices: Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address: _____</p> <p>Starter Checks</p> <p>Call 24 is available to all members by phoning (860) 627-4200. You must enroll for Call 24 at a credit union branch or by calling our Virtual Branch.</p> <p>Online Banking (Web24) and Bill Pay are available by logging on to our website and following the instructions.</p>

OVERDRAFTS
You must complete the separate document, "What you Need To Know About Overdrafts and Overdraft Fees" as part of this application.

AUTHORIZED SIGNATURES	
<p>I agree that the changes on this Account Change Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, Open-end Credit Plan, and to any amendments made thereto.</p> <p>All owners agree to hold the Credit Union harmless for any action regarding account access. The removed joint account owner(s) relinquishes all ownership interests in the above account(s). I understand that by signing this form it does not release me from any obligations of monies owed as a result of items in process, such as outstanding Credit Purchases, ACH, Point of Sale transactions, or personal checks that I have initiated.</p>	
SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) DATE X	SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE X
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE X	SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE X
SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE X	SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE X

CREDIT UNION USE ONLY	
Date of Changes: _____	Changes made by: _____
CIP: Verification Completed by: Chex Systems OFAC IDV Other: _____	Contacted member by Phone Mail E-mail
Services approved: Debit Card ATM Card Overdraft Privilege Extended Coverage	