



P.O. Box 8
 Valley, AL 36854
 (334) 756-7027
 Fax (334) 756-7542
 www.CHATT.coop

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.) # _____

Member:	<input type="checkbox"/> CHANGE	Joint Owner(s) Information	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
Joint Owner(s):	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	POD/Beneficiary	<input type="checkbox"/> ADD
	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	Account Type/Services	<input type="checkbox"/> ADD
					<input type="checkbox"/> CHANGE
					<input type="checkbox"/> REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	Cell Phone:
E-Mail:	Employer:
	Employer Address:

The account(s) is a Joint Account:

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the 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 in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Cell Phone:
Work Phone:	E-mail:
Joint Owner:	Employer Address:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Cell Phone:
Work Phone:	E-mail:
	Employer Address:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Accounts _____

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
SSN/TIN: _____	Relationship: _____
SSN/TIN: _____	Relationship: _____

ACCOUNT TYPE

Suffix	Suffix
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Rainbow: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Club: _____
<input type="checkbox"/> Share Certificate/Certificate: Additional forms _____	<input type="checkbox"/> IRA: Additional forms _____

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit:	
<input type="checkbox"/> Audio Response:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority.):	
<input type="checkbox"/> New share checking account checks:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> PC Access/Internet Banking:	
<input type="checkbox"/> E-Statements:	

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 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 Fund Transfers Agreement and Disclosure. I/We will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the accounts(s) set forth on this form. This relinquishment does not affect my/our obligation on any loan accounts. I/We certify that all account holders have been notified of any ownership changes.

X Signature _____ Date _____	X Signature _____ Date _____
X Signature _____ Date _____	X Signature _____ Date _____

FOR CREDIT UNION USE ONLY :Change Eft date _____ <input type="checkbox"/> Add Joint - Chexsystems <input type="checkbox"/> Remove Joint	<input type="checkbox"/> Open new Sub Account _____ _____ (Type) <input type="checkbox"/> Add POD - OFAC <input type="checkbox"/> Remove POD	<input type="checkbox"/> Member Name Change (must have government issued ID to change name) <input type="checkbox"/> Pass-through/Galaxy <input type="checkbox"/> Check order
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