ACCOUNT CHANGE CARD

Account #

CORNERSTONE COMMUNITY FINANCIAL

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

Please indicate the type of change and complete only the information that affects that change

❑ Member Address Change
❑ Member Name Change
Beneficiary ❑ Add ❑ Change ❑ Remove
Joint Owner(s) information* ❑ Add ❑ Remove
Account Type/Services ❑ Add ❑ Change ❑ Remove
Other_____

OWNERSHIP INFORMATION

Member/Owner_____ Social Security Number/TIN_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Cell Phone_____

Email_____ Driver's License Number_____

Employer_____ Occupation_____

Business Phone_____ Mother's Maiden Name_____

The account is a joint account

***Joint Owner:** If required by the Credit Union, addition or 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 below.

Joint Owner_____ Social Security Number/TIN_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Email_____

Employer_____ Mother's Maiden Name_____

Business Phone_____ Date of Birth_____ Driver's License Number_____

Joint Owner_____ Social Security Number/TIN_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Email_____

Employer_____ Mother's Maiden Name_____

Business Phone_____ Date of Birth_____ Driver's License Number_____

ACCOUNT DESIGNATIONS

❑ **Account Beneficiary**
Beneficiary 1_____ Home Phone_____
Address_____ City_____ State_____ Zip_____
Beneficiary 2_____ Home Phone_____
Address_____ City_____ State_____ Zip_____

❑ **Other**_____

ACCOUNT TYPE

❑ Savings ❑ Platinum IMMIA ❑ Spend to Save
❑ Checking ❑ Other_____
❑ IMMIA ❑ Other_____

ACCOUNT SERVICES

❑ ATM/Debit Card ❑ Net Access 24 ❑ E-Statements
❑ Phone Access 24 ❑ Online Bill Pay

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 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 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.

X_____ Signature _____ Date
X_____ Signature _____ Date
X_____ Signature _____ Date
X_____ Signature _____ Date

FOR CREDIT UNION USE ONLY

Membership approved on _____ Date by _____ Employee Name

❑ Bridger on Beneficiaries ❑ Credit Report ❑ ATM/Debit Card ❑ ChexSystems ❑ Phone Access 24 ❑ Net Access 24 ❑ PIN Request