

State College Federal Credit Union
 724 B South Atherton St
 State College, PA 16801
 814-234-0252(p)
 814-234-1665(f)

Subsequent Actions	Account Change Card
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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/Owner Information <input type="checkbox"/> Change Remove	Joint Owner(s) Information <input type="checkbox"/> ADD <input type="checkbox"/> Change <input type="checkbox"/>
Other: _____ <input type="checkbox"/> Change Remove	POD/Trust Beneficiary <input type="checkbox"/> ADD <input type="checkbox"/> Change <input type="checkbox"/>
<input type="checkbox"/> Remove	Account Type/ Services <input type="checkbox"/> ADD <input type="checkbox"/> Change

Ownership Information Changes

Member/Owner:	Member NO:
Street:	SSN/TIN:
City/State/Zip:	Drivers LIC No:
Home/Cell Phone:	Date Of Birth:
Work Phone:	Email:
Employer:	Employer Address:

This account(s) is a Joint Account: with Rights of Survivorship without Rights of Survivorship

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 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 Member:	SSN:
Street:	Drivers LIC NO:
City/State/Zip:	Date Of Birth:
Home/Cell Phone:	Password:
Work Phone:	
E-mail:	
Joint Member:	SSN:
Street:	Drivers LIC NO:
City/State/Zip:	Date OF Birth:
Home/Cell Phone:	Password
Work Phone:	
E-mail:	

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:

Agency Name

Signature: _____

Date: _____

Other
 All Accounts
 Designate Specific Accounts

Account Type	
<input type="checkbox"/> Share/Savings <input type="checkbox"/> Share Draft/Checking <input type="checkbox"/> Share Certificate <input type="checkbox"/> Other	Suffix _____ _____ _____ _____

Account Services
<input type="checkbox"/> Payroll Deduction/Direct Deposit:
<input type="checkbox"/> Overdraft Protection (Indicate Transfer Priority):
<input type="checkbox"/> Debit Card:
<input type="checkbox"/> Internet Banking:
<input type="checkbox"/> Credit Card:
<input type="checkbox"/> Other

Authorization

I/We agree that the charges 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. If an access card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the Electronic Funds Transfers Agreement and Disclosure.

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

FOR CREDIT UNION USE ONLY:

Employee Making Changes: _____
Date: _____