



Bashas' Associates Federal Credit Union

Once A Member, Always A Member

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/Owner Information

CHANGE

Agent ADD CHANGE REMOVE

Other ADD CHANGE REMOVE

Joint Owner(s) Information

ADD

CHANGE

REMOVE

POD/Trust Beneficiary ADD CHANGE REMOVE

Account Type/Services ADD CHANGE REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner _____

Street _____

City/State/Zip _____

Home Phone () _____

Listed Unlisted

Work Phone () _____

E-mail _____

Member No _____

SSN/TIN _____

Driver's Lic. No. _____

Date of Birth _____

Password _____

Employment _____

The account(s) is a Joint Account

With Survivorship

Without Survivorship

Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold 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 on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner _____

Street _____

City/State/Zip _____

Home Phone () _____

Work Phone () _____

SSN/TIN _____

Driver's Lic. No _____

Date of Birth _____

Password _____

E-mail _____

Joint Owner _____

Street _____

City/State/Zip _____

Home Phone() _____

Work Phone() _____

SSN/TIN _____

Driver's Lic. No _____

Date of Birth _____

Password _____

E-mail _____

ACCOUNT DESIGNATIONS

Payable on Death
(POD)/Trust Account

All Accounts

Designate specific account(s)

Beneficiary/POD Payee _____

Beneficiary/POD Payee _____

Street _____

Street _____

City/State/Zip _____

City/State/Zip _____

Agency Print Name of Agent _____
Signature _____

All Accounts

Designate Specific Account(s) _____

Other _____

See Account Authorization Card

ACCOUNT TYPE

Share/Savings _____

Share Draft/ Checking _____

Money Market _____

Share Certificate/Certificate _____

Other _____

Other _____

ACCOUNT SERVICES

Overdraft Protection (indicate transfer priority below)

ATM Card _____

Debit Card _____

Audio Response _____

PC Access/Internet Banking _____

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 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

CREDIT UNION USE ONLY

See Account Authorization Card

See Insurance Beneficiary Card

Date of Membership _____ Opened /App'd by _____ Member Verification _____

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking