

ACCOUNT CHANGE CARD

MEMBER NUMBER _____

Type Of Change:

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

MEMBER/OWNER	<input type="checkbox"/> CHANGE	JOINT OWNER(S) INFORMATION	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
		PAYABLE ON DEATH/TRUST BENEFICIARY	<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

Member Application And Ownership Information

Primary Member Name				Primary Social Security/ Tax Id Number					
Home Phone		Work Phone		Cell Phone		DOB		Mothers Maiden Name	
Street Address (Required)				City		State		Zip	
Mailing Address – If Different From Above				City		State		Zip	
Government Issued ID #						Exp. Date		State Of Issue	
Email Address									

Joint Owner Information

If required by The Florist Federal Credit Union, removal of a Joint Account owner requires consent of all owners, and we will hold The Florist Federal 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 next page. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Member Name				Joint Social Security					
Home Phone		Work Phone		Cell Phone		DOB		Mothers Maiden Name	
Street Address				City		State		Zip	
Mailing Address—If Different From Above				City		State		Zip	
Government Issued ID #						Exp. Date		State Of Issue	
Email Address									

Beneficiary/ Payable on Death

Name (1)			SSN/TIN		Contact Phone			DOB	
Street Address (Required)				City		State		Zip	
Name (2)			SSN/TIN		Contact Phone			DOB	
Street Address (Required)				City		State		Zip	

Account Type:**Account Services:**

<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Overdraft Protection (Indicate Transfer Priority Below)
<input type="checkbox"/> Share Draft/Checking	
<input type="checkbox"/> Money Market	<input type="checkbox"/> ATM Card
<input type="checkbox"/> Share Certificate/CD	<input type="checkbox"/> Debit Card
<input type="checkbox"/> Sub Savings	<input type="checkbox"/> PC Access/ Internet Banking
<input type="checkbox"/> Other	<input type="checkbox"/> Other

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 Florist Federal 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 of and acknowledge receipt of the Electronic Funds Transfer Agreement.

SIGNATURES **ALL SIGNERS ON THE ACCOUNT MUST PROVIDE A COPY OF THEIR GOVERNMENT ISSUED ID.**

PRIMARY ACCOUNT HOLDER— <u>PRINT</u>	PRIMARY ACCOUNT HOLDER— <u>SIGN</u>	DATE
JOINT ACCOUNT HOLDER— <u>PRINT</u>	JOINT ACCOUNT HOLDER— <u>SIGN</u>	DATE