



Account Change Form

Primary Member: _____ Date: _____
 Account Number: _____
 Social Security #: _____

Account Changes/Additions

I would like to set up a: _____ Secondary Share Acct. _____ Checking Acct. (Draft ID _____)
 _____ Money Market Acct. _____ Certificate of Deposit
 _____ Christmas Club _____ Vacation Club
 (Check all that apply)

This will be: _____ individual account _____ joint account

Signature: _____

Please close the following account(s): _____; _____; _____

Signature: _____

(Note: you will be asked to provide your photo ID and/or Social Security card if we do not have it on file)

Add Joint Owner(s) to: _____ Staff Initials: _____ Date: _____
 (Specify or state ALL)

Ownership Changes

We are establishing a JOINT ACCOUNT WITH RIGHT OF SURVIVORSHIP under the provisions of the North Carolina General Statute 54-109.58 that:

1. The credit union may pay the money in the account to , or on the order of, any person named in the account unless we have directed that the withdrawals require more than one signature; and
2. Upon the death of one joint owner the money remaining in the account will belong to the surviving joint owners and will not pass by inheritance to the heirs of the deceased joint owner or be controlled by the deceased joint owner's will.

Joint Owner _____
 Street _____
 City, State Zip _____
 Home Phone (_____) _____

SSN/TIN _____
 Driver's Lic. # _____
 Date of Birth _____
 Work Phone (_____) _____

Signature _____
 Joint Owner

Joint Owner _____
 Street _____
 City, State Zip _____
 Home Phone (_____) _____

SSN/TIN _____
 Driver's Lic. # _____
 Date of Birth _____
 Work Phone (_____) _____

Signature _____
 Joint Owner

Signature: _____
 Primary Owner

****Note: By signing this form, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.**

**** Photo ID and copy of Social Security Card Required ****