



**Mailing Address:** 1-800-722-2936  
 14 Research Dr  
 Bethel, CT 06801  
 www.soundviewfcu.org

**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 effects the change.)

**MEMBER/OWNER INFORMATION**     ADD    CHANGE    REMOVE                      **ACCOUNT TYPE/SERVICES**    ADD    CHANGE    REMOVE  
**JOINT OWNER(S) INFORMATION**    ADD    CHANGE    REMOVE                      **OTHER:** \_\_\_\_\_    ADD    CHANGE    REMOVE

**ACCOUNT TYPE AND SUFFIX #**

Share/Savings: \_\_\_\_\_                       Share Draft/Checking: \_\_\_\_\_                       Share Certificate/CD: \_\_\_\_\_  
 Money Market: \_\_\_\_\_                       Club Account: \_\_\_\_\_                       Other: \_\_\_\_\_

**OWNERSHIP INFORMATION CHANGES**

**Primary Owner Information**

**Member Number:** \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_                      SSN/TIN: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_                      Driver's License State/No: \_\_\_\_\_  
 \_\_\_\_\_                      Date of Birth: \_\_\_\_\_  
 Home Phone: (                      ) \_\_\_\_\_                      E-Mail: \_\_\_\_\_  
 Cell Phone: (                      ) \_\_\_\_\_                      Employer: \_\_\_\_\_  
 Work Phone: (                      ) \_\_\_\_\_                      Employer Address: \_\_\_\_\_

**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 account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "Account Type" section. The relinquishment does not affect my/our obligation on any loan accounts.

**Joint Owner Information**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_                      SSN/TIN: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_                      Driver's License State/No: \_\_\_\_\_  
 \_\_\_\_\_                      Date of Birth: \_\_\_\_\_  
 Home Phone: (                      ) \_\_\_\_\_                      E-Mail: \_\_\_\_\_  
 Cell Phone: (                      ) \_\_\_\_\_                      Relationship to Primary Owner: \_\_\_\_\_  
 Work Phone: (                      ) \_\_\_\_\_                      Employer: \_\_\_\_\_  
 \_\_\_\_\_                      Employer Address: \_\_\_\_\_

**Joint Owner Information**                      OR                       **Beneficiary Information**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_                      SSN/TIN: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_                      Driver's License State/No: \_\_\_\_\_  
 \_\_\_\_\_                      Date of Birth: \_\_\_\_\_  
 Home Phone: (                      ) \_\_\_\_\_                      E-Mail: \_\_\_\_\_  
 Cell Phone: (                      ) \_\_\_\_\_                      Relationship to Primary Owner: \_\_\_\_\_  
 Work Phone: (                      ) \_\_\_\_\_                      Employer: \_\_\_\_\_  
 \_\_\_\_\_                      Employer Address: \_\_\_\_\_

**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, 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. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.

X \_\_\_\_\_                      Date                      X \_\_\_\_\_                      Date  
 Signature (Primary)                      Signature (Beneficiary)  
 X \_\_\_\_\_                      Date  
 Signature (Joint Owner)

**Credit Union Use 08/20:**

Member ID    OFAC    eFunds    HomeBanking    Cross Ref. #    Ref Code    Debit Card    Checks   Initials \_\_\_\_\_ Date: \_\_\_\_\_