



**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  
**JOINT OWNER(S) INFORMATION**  ADD  CHANGE  REMOVE  
**ACCOUNT TYPE/SERVICES**  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**

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

**Primary Owner Information**

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

**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** OR  **Beneficiary Information**

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

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

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

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

**Credit Union Use 12/18:**

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