



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

**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 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: _____

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 (Joint Owner)
 X _____ Date _____
 Signature (Beneficiary)

Credit Union Use 08/20:

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