

Account Change Form

	Date:
Primary Member:	Account Number:
	Social Security #:
Account	Changes/Additions
	Acct Checking Acct.(Draft ID)
Money Market Acc	ctCertificate of Deposit
Christmas Club	
(Chec	k all that apply)
This will be: indi	vidual accountjoint account
Signature:	
Please close the following account(s):	;;;
rease close the following account(s).	
Signature:	ID and/or Social Security card if we do not have it on file)
(Note: you will be asked to provide your photo	D 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)	
Owne	ership Changes
We are establishing a JOINT ACCOUNT WITH RIGHT OF S	SURVIORSHIP under the provisions of the North
Carolina General Statute 54-109.58 that:	
	on the order of, any person named in the account unless we have
directed that the withdrawals require more than one signature;	anu
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 co	
by innertunee to the news of the deceased joint owner of be e	shiftened by the deceased joint owner 5 win.
Joint Owner	Joint Owner
Street	Street
City, State Zip	City, State Zip
Home Phone ()	Home Phone ()
SSN/TIN	SSN/TIN
Driver's Lic. #	Driver's Lic. #
Date of Birth	Date of Birth
Work Phone ()	Work Phone ()
work I note (Work Thole (
Signature	Signature
Joint Owner	Joint Owner
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Signature:	
Pri	mary 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.