

Scient Federal Credit Union 60 Colver Avenue - P.O. Box 499 Groton, CT 06340-0499 Tel: 877 860 MYCU www.scientfcu.org

ACCOUNT CHANGE CARD

	SUBSEQUENT ACTIONS This form establishes additional account(s), changes ownership of existing account(s), changes owner's personal information and/or identifies new account service(s). The nature of the change(s) is/are marked below.					
Type of Change						
Please indicate the type of change and complete only the information that affe						
	Joint Owner(s) Information □ Add □ Change □ Remove POD/Trust Beneficiary □ Add □ Change □ Remove					
	Account Type/Services					
Member Information Changes						
☐ Change of Legal Name of Member ☐ Change of Address and/or Phone Number (Include Legal Documentation required to change name)						
Member/Owner Name	Member No.					
Old Legal Name						
Street	SSN/TIN					
City/State/Zip	Type of ID Expiration Date					
Home Phone Work Phone II	ID No. State of Issue					
Date of Birth Cell Phone F	Password					
E-mail E	Employer					
ACCOUNT OWNERSHIP						
The account(s) is/are a Joint Account						
JOINT OWNER INFORMATION 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. Removal from an account terminates a Joint Owner's ownership of the account(s), including any membership share in the account(s). The termination of ownership rights does not affect the Joint Owner's liability to the Credit Union for any loan or other obligation. Please attach a copy of ID for new joint owner(s).						
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ACCOUNT DESIGNATIONS						
	PAYABLE ON DEATH	(POD) / TRUST ACCOUNT				
☐ All Accounts		☐ Designate specific account(s):				
Beneficiary/POD Payee		Benefici	ary/POD Pa	yee		
SSN	DOB	SSN		DOB		
Street		Street				
City/State/ZIP		City/Sta	e/ZIP			
		OTHER				
☐ See Account Authorization Card						
ACCOUNT TYPE Listed below is/are account(s) that will be established or changed by the information on this form. All of the terms, conditions, form of ownership, account selection and other information indicated on this form apply to all of the accounts listed below unless the credit union is notified in writing of a change.						
Share/Savings:			ey Market:			
Share Draft/Checking:			g Trust:			
Term Share Certificate: * The account number for each of the accounts I	isted above consists of th	Othe		the end of the Member Number. If this card		
applies to more than one account of the same ty						
	ACCOUNT	SERVICE				
Payroll Deduction/Direct Deposit:	ACCOUNT		ະ ວ ∖® Debit Car	d.		
Overdraft Protection (indicate transfer p	riority).	Othe		u.		
CU Online Internet Service:		7 - "	••			
Audio Response:						
	AUTHO	RIZATION				
By signing below, You agree that the changes on this form amend information on previously signed forms. You certify that the information on this form is complete and true and further that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If your Visa® Debit card or EFT service is requested and provided, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act. You understand that we may report negative information about your share, deposit or loan accounts to credit bureaus. Missed payments, late payments and other defaults on your accounts may be reflected in your credit report. The undersigned hold harmless and agree to indemnify the Credit Union for all costs, losses and expenses resulting from the removal of a Joint Owner from an account. If required by the Credit Union, removed Joint Owner(s) have signed below to show consent of their removal.						
X		x				
Signature	Date	Sign	ature	Date		
x		<u>X</u>				
Signature	Date	Sign	ature	Date		
Con Copput Hause Hot Com y	 :	O::				
FOR CREDIT UNION USE ONLY Date of Membership	☐ SEE ACC	OUNT CHAI	IGE CARD	☐ SEE INSURANCE BENEFICIARY CARD Member Verification		
□ Credit Report	ID Verified By			□ PIN Requested		
☐ Access Card	☐ Audio Re	esponse		☐ PC Access/Internet Banking		
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