

ACCOUNT CHANGE

Member Number _____

Employee ID # _____

CHECKING Add Remove

HOLIDAY Add Remove

VACATION Add Remove

JOINT OWNER Add Remove

OTHER Add Remove



Your financial health. Our mission.

Member Name _____

Birth Date _____ SSN/TIN # _____

Driver's License # _____ Mother's Maiden Name _____

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Email _____

Joint Owner Name _____

Birth Date _____ SSN/TIN # _____

Driver's License # _____ Mother's Maiden Name _____

Address _____ Apt. # _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Employer _____ Occupation _____

Email _____

Member Signature _____ Date _____

Joint Owner Signature _____ Date _____

OFFICE USE
Changed By _____ Date _____ CHEXSYSTEMS Approved Declined Disclosures

BENEFICIARIES

Member Number _____

Employee ID # _____

Your financial health. Our mission.

All of the terms, conditions, form of ownership, account selection and other information apply to all of the accounts listed unless the credit union is notified in writing of a change.

The account number for each of the accounts listed consists of the suffix numbers added to the end of the Member Number.

Savings # - 00 IRA # - _____

Vacation # - 10 Certificate # - _____

Checking # - 09 Living Trust # - _____

Holiday # - 05 Other # - _____

Money Mkt. # - 01 Other # - _____

Member Signature _____

Date _____

Please complete the form, print it, sign it, and fax it to: 419.479.4047

BENEFICIARIES

___% Acct. # _____ All Accounts

Payee _____ DOB _____

Address _____ Apt. # _____

City/State/Zip _____

Phone _____ SSN/TIN # _____

BENEFICIARIES, cont.

___% Acct. # _____ All Accounts

Payee _____ DOB _____

Address _____ Apt. # _____

City/State/Zip _____

Phone _____ SSN/TIN # _____

BENEFICIARIES, cont.

___% Acct. # _____ All Accounts

Payee _____ DOB _____

Address _____ Apt. # _____

City/State/Zip _____

Phone _____ SSN/TIN # _____

BENEFICIARIES, cont.

___% Acct. # _____ All Accounts

Payee _____ DOB _____

Address _____ Apt. # _____

City/State/Zip _____

Phone _____ SSN/TIN # _____