



York Educational Federal Credit Union

# Account Change Request

I/We authorize York Educational Federal 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 affects the change.)

<b>Member/Owner Information</b>	<input type="checkbox"/> CHANGE	<b>Joint Owner(s) Information</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE		
<b>Agent</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	<b>POD/Trust Beneficiary</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
<b>Other:</b> _____	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE	<b>Account Type/Services</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE

## Ownership Information Changes

<b>Member/Owner:</b> _____	<b>Member No.:</b> _____
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No.: _____
Cell Phone: _____	Date of Birth: _____
Employer: _____	Home Phone: _____
Email: _____	Work Phone: _____

The account(s) is a Joint Account  With Rights of Survivorship  Without Rights of Survivorship

**Joint Owner:** Removal of a joint account owner requires consent of all owners. 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 Credit Union will be held harmless for actions regarding account access. This relinquishment does not affect owners obligation on any loan accounts.

<b>Joint Owner:</b> _____	SSN/TIN: _____
Street: _____	Cell Phone: _____
City/State/Zip: _____	Date of Birth: _____
Driver's Lic. No.: _____	Employer: _____
E-mail: _____	Work Phone: _____

<b>Joint Owner:</b> _____	SSN/TIN: _____
Street: _____	Cell Phone: _____
City/State/Zip: _____	Date of Birth: _____
Driver's Lic. No.: _____	Employer: _____
E-mail: _____	Work Phone: _____

Fax to 717-845-5896 or mail to YEFUCU, 1601 S Queen St, York PA 17403-4630

**Questions? Contact us at 717-843-1153 or [yefcu.org](http://yefcu.org)**

## Account Designations

**Payable on Death (POD)/Trust Account**

All Accounts     Designate Specific Accounts: \_\_\_\_\_

Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Agency** Print Name of Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All Accounts     Designate Specific Accounts: \_\_\_\_\_

**Other:** \_\_\_\_\_  See Account Authorization Card

### Account Type

Suffix #

Share Savings: \_\_\_\_\_

Checking: \_\_\_\_\_

Certificate: \_\_\_\_\_

Club Savings: \_\_\_\_\_

Vacation Savings: \_\_\_\_\_

Christmas Savings: \_\_\_\_\_

Other: \_\_\_\_\_

### Account Services

Overdraft Protection (Indicate transfer priority.): \_\_\_\_\_

Debit Card: \_\_\_\_\_

Online Banking: \_\_\_\_\_

Other: \_\_\_\_\_

### 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 and to any amendment York Educational Federal 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 Date

**X** \_\_\_\_\_  
Signature Date

**X** \_\_\_\_\_  
Signature Date

#### FOR CREDIT UNION USE ONLY

Date of Membership: \_\_\_\_\_

Credit Report

Access Card

See Account Change Card

Opened/App'd by: \_\_\_\_\_

Check Verify

Audio Response

See Insurance Beneficiary Card

Member Verification: \_\_\_\_\_

PIN Request

PC Access/Internet Banking

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