



P.O. Box 477
 North Haven, CT 06473-0477
 (203) 603-5700 or (800) CR-UNION
 www.connexcu.org



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 affects the change.)

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

OWNERSHIP INFORMATION CHANGES

Member/Owner:	Member No:
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone:	E-mail:
Employer:	Password:
	Employer Address:

The account(s) is a Joint Account with Rights of Survivorship

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. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:

Agency **Agent only for HSA** **Print Name of Agent:** _____
Signature: _____ **Date:** _____

Other: _____ **See Account Authorization Card**

ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below unless the credit union is notified in writing of a change.

Account Type/Suffix #*	Account Type/Suffix #*	Account Services
<input type="checkbox"/> Share/Savings: # _____	<input type="checkbox"/> Teen Green: # _____	<input type="checkbox"/> Payroll Deduction/Direct Deposit
<input type="checkbox"/> Your Choice Checking: # _____	<input type="checkbox"/> Smart Start: # _____	<input type="checkbox"/> Call-24
<input type="checkbox"/> Share Certificate: # _____	<input type="checkbox"/> Savings Challenge: # _____	<input type="checkbox"/> Visa Check Card/Debit Card
<input type="checkbox"/> Money Market: # _____	<input type="checkbox"/> Special Purpose Savings: # _____	<input type="checkbox"/> Online Banking
<input type="checkbox"/> Mini Money Market: # _____	<input type="checkbox"/> IRA: # _____	<input type="checkbox"/> Overdraft Protection: _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this document applies to more than one account of the same type, more than one suffix will be listed for that account type.

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Member Services Request (Account Card) and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and 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 the agreements and disclosures applicable to the accounts and services requested above. 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		X	
Signature	Date	Signature	Date
X		X	
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Authorization Card	<input type="checkbox"/> See Insurance Beneficiary Election
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> E-Funds	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Call-24	<input type="checkbox"/> Online Banking