

CHANGE/ADD/DELETE AUTHORIZATION

For Current Account Information



Please print all information

1. Account Information	Name (First, Middle, Last)	Driver's License Number/State	Account Number	Password for Accounts
	1. _____	2. _____	3. _____	4. _____
	Joint Owner Name (First, Middle, Last)	Driver's License Number/State	Account Number	
	5. _____	6. _____	7. _____	

2. Add Accounts and Services	Accounts	Services
	<input type="checkbox"/> Savings \$ _____ (\$5 minimum) <input type="checkbox"/> Convert to Money Musketeers® Savings <input type="checkbox"/> Convert to Dinero Teens SM Savings	<input type="checkbox"/> Additional Check/ATM Card PIN _____ Name to appear on additional Check/ATM Card _____
	<input type="checkbox"/> New Checking \$ _____ (\$25 to open) <input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award <input type="checkbox"/> Dinero	<input type="checkbox"/> Online Banking/Telephone Banking PIN _____ Access Account Numbers _____
	<input type="checkbox"/> Switch Checking Current: <input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award <input type="checkbox"/> Dinero New: <input type="checkbox"/> Advancial <input type="checkbox"/> Access <input type="checkbox"/> Award <input type="checkbox"/> Dinero	Check Clear® Courtesy Overdraft Privilege <input type="checkbox"/> Opt In <input type="checkbox"/> Opt Out
	<input type="checkbox"/> Money Market \$ _____ (\$2,500 to open)	

3. Change of Contact Information	New Address	City	State	Zip
	8. _____	9. _____	10. _____	11. _____
	New Home Phone	New Work Phone	New Email Address	
	12. () _____	13. () _____	14. _____	

4. Change Name	The name on this account shall be changed to: _____
-----------------------	---

5. Add Joint Owner Information <small>Designates ownership in all sub-accounts within this membership number except</small>	Name (First, Middle, Last)	Home Phone		
	15. _____	16. () _____		
	Mailing Address	City	State	Zip
	17. _____	18. _____	19. _____	20. _____
	Social Security Number	Drivers License Number/State	Date of Birth	
	21. _____	22. _____	23. _____	
	Name (First, Middle, Last)	Home Phone		
24. _____	25. () _____			
Mailing Address	City	State	Zip	
26. _____	27. _____	28. _____	29. _____	
Social Security Number	Drivers License Number/State	Date of Birth		

6. Remove Joint Owner <small>This section must be signed by the joint owner and their signature notarized.</small>	I, _____, do hereby relinquish all rights to account # _____ Please remove my name
	Name (First, Middle, Last)
	from this account and all sub-accounts within this account number.
	Joint Owner Signature _____ Date _____
	Subscribed and sworn before, this the _____ day of _____, _____, Notary Public _____

7. Payable on Death Designation <small>All beneficiaries share equally.</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
	33. _____ 34. _____ 35. _____
	Beneficiary Name (First, Middle, Last) Social Security Number Date of Birth
	36. _____ 37. _____ 38. _____
	Beneficiary Name (First, Middle, Last) Social Security Number Date of Birth

8. Signatures	I/we agree that the changes on this Authorization amend the previously signed Membership and Account Application, and are subject to the terms and conditions of the Membership and Account Agreement, Account Services and Fees Schedule, Funds Availability Policy Disclosure and Electronic Funds Transfer Agreement, if applicable, and to any amendment the 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 account(s) and or service(s) requested.
	39. _____ 40. _____
	Member Signature Date
	41. _____ 42. _____
	Joint Owner Signature Date
	43. _____ 44. _____
	Joint Owner Signature Date

Credit Union Use Only	Member Account Number	Joint Account (1) Number	Joint Account (2) Number
	Verifications: <input type="checkbox"/> Employer <input type="checkbox"/> Account <input type="checkbox"/> Checks Ordered <input type="checkbox"/> Check/ATM Card Ordered <input type="checkbox"/> Chex Systems		
	Opened by	Teller Number	Date

To complete the “Change/Add/Delete” Authorization:

Account Information. Please **print** current account holder information in this section. Do not use this section to add a joint owner - use the “Add Joint Owner Information” section.

Please note that all changes to your account information require your signature at the bottom of this authorization (“Signatures”). Refer to your Account Agreement for the terms and conditions applicable to each of the following options.

Add Accounts and Services. You can request the addition of accounts and services you did not add when you opened your membership in Advancial by completing this section of the Authorization. Check the account(s) and/or services(s) you wish to add, including your deposit amount for each type of account – such as checking or money market. To add a savings certificate, please use the blank line in this section indicating the term you want and the deposit amount for the term. This is especially helpful if you provide a single check which is to be distributed between several accounts.

If you request an “Additional Check/ATM Card,” please indicate the PIN and the name to appear on the additional card in the spaces provided.

If you choose “Home Banking/Telephone Banking,” you can request authorization to transfer funds to other accounts (for instance, your children’s accounts.) Please write those additional account numbers on the line labeled “Access Account Numbers.”

Change Name On Account. To change your name on your account record, please print the name change, identify the reason for the change, and provide a copy of legal documentation of the change.

Add Joint Owner Information. Use this section to add joint owners to your account. Complete all requested information, including a password for account security. Please note that designating a joint owner gives the individual(s) named access to all of your deposits with Advancial, except an individual retirement account (IRA) and that the joint owner’s notarized signature is required to remove the joint owner from your account.

Remove Joint Owner. The joint owner must sign this portion of the authorization and the signature must be notarized to be removed from this account. There are no exceptions made for this requirement.

Payable On Death (P.O.D.) Designation. A P.O.D. will aid in expediting distribution of your deposits to your beneficiaries. If you designate joint owners as well as a P.O.D. on your account, joint ownership takes precedence over the P.O.D. Please note that a P.O.D. designation does not replace a will.

Signatures. Your legal signature is required to make the requested changes to your account. If you are adding a joint owner to your account, his/her signature is also required. You must also include a photocopy of a government issued I.D. such as a driver’s license or passport for verification purposes.

Return this authorization with corresponding deposits to your branch or mail to:

Advancial Federal Credit Union
ATTN: Member Service Center
1845 Woodall Rodgers Fwy., Ste. 1300
Dallas, TX 75201-2260

Keep your copy of this authorization with other important papers. In the event of your death, the Credit Union will make due effort to locate beneficiaries and/or joint owners but we cannot guarantee our success.