



**First Castle**  
**Federal Credit Union** www.f1rstcastlefcu.org  
 Covington Location New Orleans Location  
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 Fax: 985-875-1952 Fax: 504-862-1648  
 Toll Free Ph: 888-497-3232 Toll Free Ph: 800-362-3412 option 9 then 6



## 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.)

<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:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone: E-mail:	Password:
Employer: Employer Address:	Mothers Maiden Name:

If one or more joint owners are listed below, the account(s) noted in the "ACCOUNT TYPE" section is/are a joint account(s) with access to the account(s) after the death of one or more parties.

**Joint Owner:** The parties signed below will hold the Credit Union harmless for actions regarding account access. If this form removes a joint owner, the removed joint 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 a borrower's obligation on any loan accounts.

<b>Joint Owner:</b>	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:	Mothers Maiden Name:
<b>Joint Owner:</b>	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:	Mothers Maiden Name:

### 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: \_\_\_\_\_

Other:  All Accounts  Designate Specific Accounts \_\_\_\_\_  See Account Authorization Card

### ACCOUNT TYPE

<input type="checkbox"/> Share/Savings: _____	Suffix	<input type="checkbox"/> Money Market: _____	Suffix
<input type="checkbox"/> Share Draft/Checking: _____		<input type="checkbox"/> HSA: _____	
<input type="checkbox"/> Share Certificate/Certificate: _____		<input type="checkbox"/> Other: _____	

### ACCOUNT SERVICES

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card:  Debit Card:

PC Access/Internet 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, 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**

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

**X**

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

**X**

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

**X**

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

**FOR CREDIT UNION USE ONLY**

See Account Authorization Card

See Insurance Beneficiary Election

Date of Membership:

Opened/App'd by:

Member Verification:

Credit Report

Check Verify

PIN Request

Access Card

Audio Response

PC Access/Internet Banking