

PERSONAL ACCOUNT CHANGE FORM



I authorize Truliant Federal Credit Union to make the following changes to my membership.

Member-Owner Number: _____ Social Security Number _____

UPDATE PERSONAL INFORMATION (COMPLETE PHYSICAL ADDRESS IF PO BOX IS USED)

Member-Owner Name (Current): _____ Name Changed to _____
 Physical Address _____ City: _____ State: _____ Zip: _____
 Mailing/PO Box Address _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____
 Form of ID: Type: _____ ID#: _____ Expiration Date: ____/____/____
 Email Address: _____

CONSENT TO CONTACT:

By signing below, you consent to Truliant Federal Credit Union, its agents, employees, or third parties contacting you at the telephone number(s) and email address provided above, and any number(s) and email address provided in the future, through calls and text messages, using automatic telephone dialing systems and/or artificial or pre-recorded voice to inform you about products and services which may benefit your membership with the credit union. You are not required to sign this consent as a condition of purchasing any property, goods or service (including a loan). You may withdraw your consent at any time by written notice to Truliant Federal Credit Union, 3200 Truliant Way, Winston-Salem, NC 27103, by phone call or by any other reasonable means.

Please Check One: I consent to contact I do not consent to contact

ADD NEW JOINT OWNER(S) TO EXISTING ACCOUNT (CHECK ACCOUNTS/SERVICES BELOW)

First Name: _____	MI: _____	Last Name: _____
Joint Owner's Social Security: ____ - ____ - ____	Date of Birth: ____/____/____	Primary Phone: (____) ____ - ____
Physical Address: _____	City & State: _____	Zip: _____
Form of ID: Type: _____	ID#: _____	Expiration Date: ____/____/____
Second Joint Owner First Name: _____	MI: _____	Last Name: _____
Joint Owner's Social Security: ____ - ____ - ____	Date of Birth: ____/____/____	Primary Phone: (____) ____ - ____
Form of ID: Type: _____	ID#: _____	Expiration Date: ____/____/____

REMOVE JOINT OWNER FROM EXISTING ACCOUNT (CHECK ACCOUNTS/SERVICES BELOW)

First Name: _____ MI: _____ Last Name: _____

ADD ACCOUNT(S)/SERVICE(S) TO EXISTING ACCOUNT (CHECK ACCOUNTS/SERVICES BELOW)

Place a check mark in the boxes below beside the account(s) you would like to add to your existing membership, add a joint member to or remove a joint member from.

By checking below, you hereby authorize Truliant Federal Credit Union to establish the account(s)/service(s) selected. All joint owners agree that all joint accounts are joint with the right of survivorship (see account terms for details). All account terms published by the Credit Union are incorporated herein by reference. You agree to abide by said terms.

- | | | |
|---|--|---|
| <input type="checkbox"/> Truly Free Checking/Balance Checking | <input type="checkbox"/> ATM Card | <input type="checkbox"/> IRA Savings* |
| <input type="checkbox"/> Advantage Checking | <input type="checkbox"/> Vacation Club | <input type="checkbox"/> IRA Select Money Market* |
| <input type="checkbox"/> Senior Advantage Checking | <input type="checkbox"/> Christmas Club | *A joint owner cannot be added to an IRA account |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Visa Check Card | |
| <input type="checkbox"/> Select Money Market | <input type="checkbox"/> Additional Savings Accounts | |

Member-Owner Signature

Date

Joint Member-Owner Signature

Date

Joint Member-Owner Signature

Date

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 rate and fee schedule 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 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 funds transfer agreement. *For Check Card applications: By signing above you authorize the Credit Union to obtain information concerning your credit standings. ATM and check card issuance is subject to Credit Union approval. Form Revised 05/17.

Truliant Federal Credit Union Use Only:

Primary Member-Owner	<input type="checkbox"/> ChexSystems	<input type="checkbox"/> Credit Report	<input type="checkbox"/> Beacon _____
Joint Member-Owner	<input type="checkbox"/> ChexSystems	<input type="checkbox"/> Credit Report	<input type="checkbox"/> Beacon _____
Teller Name _____	Date of Change to account: _____		

Record your Personal Identification Number (PIN) for 24-hour phone access and your Check/ATM card

