

PERSONAL ACCOUNT CHANGE FORM



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

Member Number: _____ Social Security Number: _____

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

Member 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 Number: _____ Expiration Date: _____
 Email Address: _____

Consent to Contact at Provided Telephone Numbers

By providing the telephone number(s) above, you consent to Truliant Federal Credit Union, its agents, employees, or third parties contact you at these telephone number(s) and any telephone number(s) you provide us 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 you. You are not required to 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, by phone call, or by any other reasonable means, including opting out below.

I do not consent to contact at the telephone numbers I provide

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

First Name: _____ MI: _____ Last Name: _____
 Social Security: _____ Date of Birth: _____ Primary Phone: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Job Title: _____ Employment Status: _____ Employment Duration: _____
 Form of ID: Type: _____ ID Number: _____ Expiration Date: _____

Second Joint Owner

First Name: _____ MI: _____ Last Name: _____
 Social Security: _____ Date of Birth: _____ Primary Phone: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Job Title: _____ Employment Status: _____ Employment Duration: _____
 Form of ID: Type: _____ ID Number: _____ 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 (SELECT 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 join member to or remove a join 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.

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|--|---|--|
| <input type="checkbox"/> SafeSpend Banking | <input type="checkbox"/> High Yield Rewards Savings | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Essentials Plus Banking | <input type="checkbox"/> Vacation Club | <input type="checkbox"/> IRA Savings* |
| <input type="checkbox"/> Reserve Plus Banking | <input type="checkbox"/> Christmas Club | *A joint owner cannot be added to an IRA account |
| <input type="checkbox"/> Add-On Banking | <input type="checkbox"/> Visa Debit Card | |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> ATM Card | |

I/We agree that the changes on this form amend the previously signed account agreement and are subject to the terms and conditions of Truliant's Membership Application and Account Agreement as well as Truliant's Deposit Account Agreement, including its rate, fee schedule, and funds availability policy disclosures, if applicable, and to any amendment the Credit Union makes from time to time to those agreements 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 Visa/Debit or ATM Card application: By signing above, you authorize the Credit Union to obtain information concerning your credit standings. ATM and debit card issuance is subject to Credit Union approval. Revised 07/25.

Member Signature

Date

Joint Member Signature

Date

Additional Member Signature

Date