

# 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.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> SafeSpend Banking       | <input type="checkbox"/> High Yield Rewards Savings | <input type="checkbox"/> Select 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             | <input type="checkbox"/> IRA Select Money Market* |
| <input type="checkbox"/> Add-On Banking          | <input type="checkbox"/> Visa Debit Card            | *A joint owner cannot be added to an IRA account  |
| <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, and Truliant's 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 and disclosures 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 04/25.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Member Signature

\_\_\_\_\_  
Date