



# Membership Account Subsequent Action Request and Authorization

Member Account Number

Complete an Account Subsequent Action Request and Authorization Form for each member number that will have information changed.

Primary Member's Name \_\_\_\_\_  
 Request by:  Primary or  Joint Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Date Issued \_\_\_/\_\_\_/\_\_\_ Date Expires \_\_\_/\_\_\_/\_\_\_

### Address Change

Physical Address \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

### Subsequent Account Opening

Please check all specific types of products to be opened.

- Savings** [RS] (\$25 minimum)       **Cash Card**
- Super 60** [SS] (\$600 minimum to open)
- Money Market Account** [MM] (\$500 minimum to open)
- Payment Transfer** [PT]
- Round Up Savings** [RU] (requires checking account with Visa Debit Card)
- Custodian Account** [CA]
- MCU4Kids Savings** [KS] (\$5 minimum)
- MCU4Teens** [TS] (\$5 minimum)
- Christmas Club** [CC] (check) (\$25 minimum)
- Christmas Club Rollover** [CR] (\$25 minimum)
- Christmas Club Transfer** [CT] Member Number \_\_\_\_\_ Account Type \_\_\_\_\_ Sub \_\_\_\_\_
- Vacation Club** [VC] (\$25 minimum)
- Term Share Certificate**
  - 5 Month** [B1] (\$500 minimum)       **6 Month** [C1] (\$2,000 minimum)
  - 12 Month** [C2] (\$2,000 minimum)       **18 Month** [C3] (\$2,000 minimum)
  - 24 Month** [C4] (\$2,000 minimum)       **36 Month** [C5] (\$2,000 minimum)
  - 60 Month** [C7] (\$2,000 minimum)       **6 Month Jumbo** [CJ] (\$50,000 minimum)
- Individual Retirement Account** (IRA forms required, open for primary only)
  - Type of IRA       Traditional       Roth       Coverdell Educational
  - Type of Product       Shares       Certificate (Term) \_\_\_\_\_
- Payable on Death/Trust** (additional forms required and approval needed)

**I acknowledge that:**  I have received disclosures regarding Funds Availability, Truth-In-Savings, and Electronic Fund Transfers, or  
 I understand that I will receive such disclosure writing 20 days after my account is opened.

### Name Change

**\*\*\*Name on account MUST match the name on the Social Security Card or ITIN Card \*\*\***

Old Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Verification Method (please provide copy)       Driver's License       Social Security Card

### Signature and Authorization

**By signing below, the undersigned acknowledges that such account(s) shall follow the same ownership and Payable-On-Death designation as the existing Membership Application.**

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

### Credit Union Use Only

Teller Number Updated by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Branch \_\_\_\_\_  
 Teller Number Audited by \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_