



**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