



Account Change Card

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information: CHANGE

Joint Owner(s) Information: ADD CHANGE REMOVE

Agent: ADD CHANGE REMOVE

POD/Trust Beneficiary: ADD CHANGE REMOVE

Other: _____ ADD CHANGE REMOVE

Account Type/Services: ADD CHANGE REMOVE

OWNERSHIP INFORMATION CHANGES

Member/Owner: _____

MEMBER #:

Street: _____

SSN/TIN: _____

City/State/Zip: _____

Driver's Lic. #: _____

Home Phone: _____

Date of Birth: _____

LISTED UNLISTED

Password: _____

Work Phone: _____

Employer: _____

Email: _____

This account(s) is a Joint Account

With Rights of Survivorship

Without Rights of Survivorship

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquish(es) ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner: _____

SSN/TIN: _____

Street: _____

Driver's Lic. #: _____

City/State/Zip: _____

Date of Birth: _____

Home Phone: _____

Password: _____

LISTED UNLISTED

Employer: _____

Work Phone: _____

Email: _____

Joint Owner: If required by the Credit Union, removal of a joint account owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquish(es) ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner: _____

SSN/TIN: _____

Street: _____

Driver's Lic. #: _____

City/State/Zip: _____

Date of Birth: _____

Home Phone: _____

Password: _____

LISTED UNLISTED

Employer: _____

Work Phone: _____

Email: _____

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

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