



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: _____

Former City/State/Zip: _____

Driver's Lic. #: _____

New City/State/Zip: _____

Date of Birth: _____

Home Phone: _____

Employer: _____

☐ LISTED ☐ UNLISTED

Password: _____

Work Phone: _____

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: _____

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209

803.227.5555 • www.smartcaro.org



Account Change Card

ACCOUNT DESIGNATIONS

☒ Payable on Death (POD)/Trust Account

☐ All Accounts ☐ Designate Specific Accounts: _____

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____

Street: _____ Street: _____

City/State/Zip: _____ City/State/Zip: _____

☒ Agency Print Name of Agent: _____

Signature: _____ Date: _____

☐ All Accounts ☐ Designate Specific Accounts: _____

☒ Other: _____ ☐ See Account Authorization Card

ACCOUNT TYPE

Suffix #

☐ Share/Savings: _____

☐ Share Draft/Checking: _____

☐ Share Certificate/Certificate: _____

☐ Money Market: _____

☐ HSA: _____

☐ Other: _____

☐ Other: _____

ACCOUNT SERVICES

☐ Payroll Deduction/Direct Deposit: _____

☐ Overdraft Protection (Indicate transfer priority): _____

☐ ATM Card: _____

☐ Debit Card: _____

☐ Audio Response: _____

☐ PC Access/Internet Banking: _____

☐ Other: _____

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, 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 a copy of the agreements and disclosures applicable to the accounts and services requested. 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 _____ X _____
Signature Date Signature Date

X _____ X _____
Signature Date Signature Date

IN-OFFICE USE ONLY

Date of Membership: _____	☐ See Account Change Card	☐ See Insurance Beneficiary Card
☐ Credit Report	Opened/App'd by: _____	Member Verification: _____
☐ Access Card	☐ Check Verify	☐ PIN Request
	☐ Audio Response	☐ PC Access/Internet Banking

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

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