

**LOYOLA UNIVERSITY EMPLOYEES
FEDERAL CREDIT UNION**
2160 South First Avenue • Maywood, IL 60153
(708) 216-4500 • Fax (708) 216-6546
www.luefcu.com

**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 No: _____
Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No: _____
Home Phone: _____	Date of Birth: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password: _____
Work Phone: _____	Employer: _____
E-mail: _____	

The 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) relinquishes 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. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Password: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Employer: _____
Work Phone: _____	E-mail: _____

Joint Owner: _____	SSN/TIN: _____
Street: _____	Driver's Lic. No: _____
City/State/Zip: _____	Date of Birth: _____
Home Phone: _____	Password: _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Employer: _____
Work Phone: _____	E-mail: _____

LOANLINES

© CUNA MUTUAL GROUP, 1983, 85, 86, 88, 2001, 89-95, 97, 98. ALL RIGHTS RESERVED

080026

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

ACCOUNT SERVICES

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Payroll Deduction/Direct Deposit: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> Overdraft Protection (Indicate transfer priority): _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> ATM Card: _____
<input type="checkbox"/> Money Market: _____	<input type="checkbox"/> Debit Card: _____
<input type="checkbox"/> HSA: _____	<input type="checkbox"/> Audio Response: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> PC Access/Internet Banking: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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 is incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to all 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 Signature _____	Date _____	X Signature _____	Date _____
X Signature _____	Date _____	X Signature _____	Date _____

FOR CREDIT UNION USE ONLY

<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card
Date of Membership: _____	Opened /App'd by: _____
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Member Verification: _____
<input type="checkbox"/> Access Card	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking