



CAROLINA COLLEGIATE FCU

Account Change Card

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.)

Account Owner Information	<input type="checkbox"/> Change	Joint Owner(s) Information	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
Agent	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	POD/Trust Beneficiary	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
Trustee	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Account Type/Services	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove

OWNERSHIP INFORMATION CHANGES

Member/Owner _____	Account No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
Home E-mail _____	Mother's Maiden Name _____
Work Phone () _____	Employment _____
Work E-mail _____	

The account(s) is a Joint Account With Survivorship Without Survivorship

Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold 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 on the reverse side. 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 () _____	Mother's Maiden Name _____
Home E-mail _____	Work Phone () _____
	Work E-mail _____

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone () _____	Mother's Maiden Name _____
Home E-mail _____	Work Phone () _____
	Work E-mail _____

Mail or deliver to

Main Office: Carolina Collegiate FCU, 710 Pulaski Street, Columbia, SC 29201
 Coastal Carolina University Branch: Pamela Hamilton, Sands Hall Room 101, 107 Founders Dr., Conway, SC 29526
 USC Spartanburg: Ann Fitzsimmons, 800 University Way, Campus Life Center, Rm. 215, Spartanburg, SC 29303

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All accounts Designate specific account(s) _____

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 account(s) _____

Other _____ See Account Authorization Card

Share/Savings _____ Overdraft Protection (indicate transfer priority below) _____

Share Draft/Checking _____ ATM Card _____

Money Market _____ Debit Card _____

Share Certificate/Certificate _____ Audio Response _____

Other _____ 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 Rate and Fee Schedule, 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 a copy 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 Funds Transfer Agreement.

X _____
 Signature _____ Date _____

X _____
 Signature _____ Date _____

X _____
 Signature _____ Date _____

X _____
 Signature _____ Date _____

CREDIT UNION USE ONLY See Account Authorization Card See Insurance Beneficiary Card

Date of Membership _____ Opened /App'd by _____ Member Verification _____

Credit Report Check Verify PIN Request

Access Card Audio Response PC Access/Internet Banking

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