



300 S. Plumosa Street  
 Merritt Island, FL 32952  
 Phone: 321-455-9400  
 Outside Brevard: 800-662-5257  
 Web Address: www.kscfcu.org



**SUBSEQUENT ACTIONS**

**Account Change Form**

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  Add  Change  Remove      Joint Owner(s) Information  Add  Change  Remove  
 Other \_\_\_\_\_  Add  Change  Remove      Account Type/Services  Add  Change  Remove

**MEMBER/OWNER INFORMATION CHANGES**

<b>Member No.</b>	Check Digit:	Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Survivorship	
<b>Member/Owner Name:</b>	SSN/TIN:	Date of Birth:	
<b>Physical Address:</b>	ID Type:		
<b>City/State/Zip:</b>	ID Number:		
<b>Mailing Address:</b>	ID Issuing State:	ID Expire Date:	
<b>City/State/Zip:</b>	Other ID:		
<b>Home Phone:</b>	Mother's Maiden Name:		
<b>Work Phone:</b>	Cell Phone:	Membership Eligibility:	
<b>E-Mail Address:</b>			
<b>Employer:</b>	<b>Position/Title:</b>	<b>How Long:</b>	
<b>Reference Name:</b>	<b>Relationship:</b>		
<b>Address:</b>	<b>Home Phone:</b>		

**ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES**

All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed below.

<b>Account Type/Suffix #*</b>	<b>Account Services</b>	<input type="checkbox"/> Overdraft Transfer \$50.00 Increments  _____ Member's (Initials)
<input type="checkbox"/> Savings	<input type="checkbox"/> Payroll Deduction/Direct Deposit	
<input type="checkbox"/> Checking (elect one below)	<input type="checkbox"/> VoiceTouch24	
<input type="checkbox"/> Classic Checking	<input type="checkbox"/> ATM Card	
<input type="checkbox"/> Elite Checking	<input type="checkbox"/> Personal Credit Union (PCU)	
<input type="checkbox"/> Other _____	<input type="checkbox"/> E-Statement	
	<input type="checkbox"/> VISA Check Card	
	<input type="checkbox"/> Accidental Death	
	<input type="checkbox"/> Other _____	

**ACCOUNT OWNERSHIP - Please complete this section if you request joint owners on your accounts**

<b>Joint Owner Name:</b>	SSN/TIN:	Date of Birth:	
<b>Street:</b>	ID Type:		
<b>City/State/Zip:</b>	ID Number:		
<b>Home Phone:</b>	ID Issuing State:	ID Expire Date:	
<b>Work Phone:</b>	Cell Phone:	Other ID:	
<b>E-mail Address:</b>	Mother's Maiden Name:		
<b>Employer:</b>	<b>Position/Title:</b>	<b>How Long:</b>	
<b>Reference Name:</b>	<b>Relationship:</b>		
<b>Address:</b>	<b>Home Phone:</b>		
<b>Joint Owner Name:</b>	SSN/TIN:	Date of Birth:	
<b>Street:</b>	ID Type:		
<b>City/State/Zip:</b>	ID Number:		
<b>Home Phone:</b>	ID Issuing State:	ID Expire Date:	
<b>Work Phone:</b>	Cell Phone:	Other ID:	
<b>E-mail Address:</b>	Mother's Maiden Name:		
<b>Employer:</b>	<b>Position/Title:</b>	<b>How Long:</b>	
<b>Reference Name:</b>	<b>Relationship:</b>		
<b>Address:</b>	<b>Home Phone:</b>		

**ACCOUNT DESIGNATIONS - Please complete the separate "Pay on Death Account Card"**

Other: \_\_\_\_\_  See Account Authorization Card

**AUTHORIZATION**

I/We agree that the changes on this Form amend the previously signed Member Services Request 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 Funds Transfer Agreement.

**X** \_\_\_\_\_

MEMBER/OWNER SIGNATURE

DATE

**X** \_\_\_\_\_

JOINT OWNER SIGNATURE

DATE

**X** \_\_\_\_\_

JOINT OWNER SIGNATURE

DATE

**NOTARY**

Signature must be notarized if not signed in presence of Credit Union personnel.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_.

**X** \_\_\_\_\_ Notary Signature

**X** \_\_\_\_\_ Notary Name Printed

**FOR CREDIT UNION USE ONLY**

Updated By: \_\_\_\_\_ Branch: \_\_\_\_\_

Beacon Score: \_\_\_\_\_ Exception Approval: \_\_\_\_\_ Verified OFAC

Red Flag  No  Yes