

Everence Federal Credit Union account changes



Please complete and return this form to your local Everence Federal Credit Union branch. You may also fax it to 717-735-8331, or mail it to Everence Federal Credit Union, 2160 Lincoln Highway East, Ste. 20, Lancaster, PA 17602-1150.

Complete only the sections below that pertain to the changes you are requesting.

Member name(s) _____

Date _____ Member number _____

1. Ownership information changes

For ownership address changes, use address change form.

Name change: Old name _____ New name _____

Social Security number/Tax Identification number _____ Birth date _____

Primary phone _____ cell work home Secondary phone _____ cell work home

Email address _____

For security and identification purposes: Mother's maiden name _____ Code word _____

2. Add a joint owner

If adding a joint owner, please provide a copy of valid photo ID.

Joint owner _____

Social Security number/Tax Identification number _____ Birth date _____

Address _____

Primary phone _____ cell work home Secondary phone _____ cell work home

Email address _____

For security and identification purposes: Mother's maiden name _____ Code word _____

3. Remove a joint owner

Removal of a joint account owner requires consent of all owners. By signing this form, we hold Everence harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share. This relinquishment does not affect my/our obligation on any loan account.

Remove these owners:

4. Add or remove accounts

- | | | | | |
|--|------------------------------|---------------------------------|---|------------------------------------|
| <input type="checkbox"/> regular checking | <input type="checkbox"/> add | <input type="checkbox"/> remove | <input type="checkbox"/> business credit card | <input type="checkbox"/> remove |
| <input type="checkbox"/> relationship checking | <input type="checkbox"/> add | <input type="checkbox"/> remove | | last 4 digits of card number _____ |
| <input type="checkbox"/> indexed money market | <input type="checkbox"/> add | <input type="checkbox"/> remove | <input type="checkbox"/> personal credit card | <input type="checkbox"/> remove |
| <input type="checkbox"/> relationship savings | <input type="checkbox"/> add | <input type="checkbox"/> remove | | last 4 digits of card number _____ |
| <input type="checkbox"/> certificates | <input type="checkbox"/> add | <input type="checkbox"/> remove | | |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> add | <input type="checkbox"/> remove | | |
- Move funds from Acct # _____ to Acct # _____

5. Request to close membership (ALL accounts)

I/we authorize Everence to close the above credit union membership and remove all services related to the membership. I/we understand that any debits received, including checks presented for payment, or credits received, will be returned to the source as "account closed."

Please briefly describe the reason for closing your membership: _____

6. Authorizations

I/We authorize Everence to make and accept the changes to the account(s) as indicated above.

I/we agree that the changes on this form amend the previously signed documents and are subject to the terms and conditions of the Everence Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure and to any amendment that Everence makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements and disclosures that are applicable to the accounts and services requested above.

I/we authorize Everence Federal Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Everence products and services. I/we also authorize Everence Federal Credit Union to obtain consumer reports for purposes of evaluating the membership application and reviewing any Everence accounts I/we open. I/we understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

Everence Federal Credit Union
 2160 Lincoln Highway E., Ste. 20
 Lancaster, PA 17602-1150
 everence.com/banking
 Toll-free: 800-451-5719
 F: 717-735-8331
 infocu@everence.com

For staff use only
 Date _____ Processed by _____
 Identity verification form (copy attached)
 Member service questionnaire