Everence Federal Credit Union
Account Changes

Everence®

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 _____ Occupation _____

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 _____ Occupation _____

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:

_____ _____

_____ _____

Member number_____

4. Add or remove accounts

☐ regular checking	☐ add	☐ remove	☐ business credit card	☐ remove
☐ relationship checking	☐ add	☐ remove		last 4 digits of card number _____
☐ student checking	☐ add	☐ remove	☐ personal credit card	☐ remove
☐ indexed money market	☐ add	☐ remove		last 4 digits of card number _____
☐ relationship savings	☐ add	☐ remove		
☐ certificates	☐ add	☐ remove		
☐ other: _____	☐ add	☐ 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