



TVA Reservation
Muscle Shoals, AL 35662-1010
(256) 386-3000
Fax (256) 248-0691

ACCOUNT CHANGE CARD

NAME OF PRIMARY OWNER	DATE
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I would like to make the changes to my existing account(s) as designated below.

<input type="checkbox"/> Share/Savings Account <input type="checkbox"/> Club Account <input type="checkbox"/> Share Draft/Checking Account <input type="checkbox"/> Share Certificate with the following term: <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 30 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months <input type="checkbox"/> IRA Savings <input type="checkbox"/> IRA Certificate with the following term: <input type="checkbox"/> __ months <input type="checkbox"/> __ months <input type="checkbox"/> __ months	<input type="checkbox"/> Addition of Account <input type="checkbox"/> Termination of Account	Credit Union Use Only: Member No. _____ Account No. _____
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DESIGNATIONS/CHANGES/INSTRUCTIONS:

- Please add the following new Joint Owner Beneficiary Authorized User to the above designated account(s). **(Designation 1)**
- Please add the following new Joint Owner Beneficiary Authorized User to the above designated account(s). **(Designation 2)**
- Please make the following changes to my account (See Changes to Account Below).
- Please remove _____ as a Joint Owner Beneficiary Authorized User from the above designated account(s).
- Please remove _____ as a Joint Owner Beneficiary Authorized User from the above designated account(s).

DESIGNATION 1:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

DESIGNATION 2:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

CHANGES TO ACCOUNT:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)		APT/UNIT #	CITY	STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH	PLACE OF BIRTH	
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

Change name to the following: _____
My former name was: _____

REVOCATION OF JOINT ACCOUNT AGREEMENT

TVA Community Credit Union is authorized to revoke the joint account agreement for ACCOUNT NUMBER _____ and the joint share draft agreement for ACCOUNT NUMBER _____. The undersigned shall relinquish all interest, rights, and privileges in and to the accounts or assets thereof.

This revocation removes from ownership in the accounts the undersigned account owner. The undersigned agrees that no further share drafts shall be written by the undersigned and existing share drafts in his/her possession shall be destroyed. The undersigned shall be responsible for payment (including all applicable fees) of all share drafts initiated and signed by the undersigned and received by TVA Community Credit Union if there are not sufficient funds in the share draft account to pay such draft. TVA Community Credit Union reserves the right to refuse to pay such share drafts at their sole discretion without penalty. The undersigned agrees, that in the event of subsequent account transactions by the undersigned, that the terms of the agreement shall apply to all subsequent transactions.

This revocation agreement does not affect the validity of any statutory or consensual lien created by the undersigned prior to the date of this revocation.

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

- Debit/Check Card** attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
 - Additional Card for Joint Owner.
- ATM Card** (use to withdraw/deposit money at ATMs) attached to my Savings Account
 - Additional Card for Joint Owner
- E-Statements:** Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____
- E-Notices:** Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address: _____
- Audio Response** is available to all members by phoning (256) 386-3111 or (800) 992-0223.
- Home Banking and Bill Pay** are available by logging on to our website and following the instructions.

AUTHORIZED SIGNATURES

I agree that the changes on this Account Change Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

All owners agree to hold the Credit Union harmless for any action regarding account access. The removed joint account owner(s) relinquishes all ownership interests in the above account(s). I understand that by signing this form it does not release me from any obligations of monies owed as a result of items in process, such as outstanding Credit Purchases, ACH, Point of Sale transactions, or personal checks that I have initiated.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

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X