



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

**ACCOUNT CHANGE CARD**

NAME OF PRIMARY OWNER	DATE
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 <div style="background-color: #cccccc; padding: 5px;">         Credit Union Use Only:          Member No. _____          Account No. _____       </div>

**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