



BAY CITIES CREDIT UNION
ACCOUNT CHANGE FORM

Name
 (PLEASE PRINT)

Member #

Primary Members may use this form to remove a joint owner on any of their existing accounts, change the beneficiary on any of their existing accounts, or request an ATM card for their Share Savings or Money Market account(s).

Complete only the applicable portions of the form, and then **fax to us at 510-881-8509 or mail to: Bay Cities Credit Union, PO Box 30, Hayward, CA 94543.**

Remove Joint Owner

The account(s) listed below will be closed and reopened in one name only. If you are removing a joint owner from a checking account, please contact a Service Representative at 510-690-6100 to place an order for new checks as existing checks will not be valid after receipt of your request. Please allow 7 to 10 business days for receipt of your new checks.

Please remove the following joint owner:

NAME

- All Accounts Accounts specified

MEMBER SIGNATURE _____ DATE

Change of Beneficiary

- Add the following beneficiary Remove the following beneficiary

- All Accounts Accounts specified

NAME OF BENEFICIARY

ADDRESS

MEMBER SIGNATURE _____ DATE

Request ATM Card for Savings or Money Market Account(s)

I hereby request Bay Cities Credit Union to send me an ATM card for the following account(s). I understand that a \$5 service fee per card will be deducted from my account. Only one savings account may be linked to each ATM card. ATM card and PIN will be shipped separately for security.

- Share Savings (S1) Money Market (S5)

MEMBER SIGNATURE _____ DATE