



BAY CITIES CREDIT UNION

MEMBER SIGNATURE CARD AMENDMENT

Employees and primary members can use this form to open additional accounts which will have different ownerships, or changes to accounts not stated on the original Membership Card.

Member # _____ Member Name _____ Date _____

Address: (Check Box if New Address) _____

TYPE OF CHANGES: I/We Authorize the Credit Union to make and accept the following changes to my/our account(s):

- Add Account/Service. Add the account/service designated below for the account owner(s) named above.
- Add Account Owner. Add the following account owner on the account (s) designated below.
- Add Account Beneficiary. Add the following Payable on Death (POD)account beneficiary(s) on the account(s) designated below.
- Remove Account Beneficiary.

Name _____ Account Type(s) _____

All of the requested information must be completed.

Joint Owner/Beneficiary _____ SSN/TIN _____ Driver's Lic. # _____

Address _____ Date of Birth _____

Home Phone _____ Daytime Phone _____ Mother's Maiden Name _____

Joint Owner/Beneficiary _____ SSN/TIN _____ Driver's Lic. # _____

Address _____ Date of Birth _____

Home Phone _____ Daytime Phone _____ Mother's Maiden Name _____

Change Name. Change my name as follows:

New Name: _____ Drivers Lic. #: _____

Driver's License Verification: Teller # _____ Teller Initials: _____

ACCOUNTS/SERVICES TO BE AFFECTED

- | | | |
|--|---|--|
| <input type="checkbox"/> Share/Savings _____ | <input type="checkbox"/> Privacy Policy Opt Out (Non-Affiliate) _____ | <input type="checkbox"/> Marketing Opt Out (Affiliate) _____ |
| <input type="checkbox"/> Share Draft/Checking _____ | | |
| <input type="checkbox"/> Overdraft Protection _____ | Account Transfer Priority: _____ | |
| <input type="checkbox"/> Money Market _____ | _____ | |
| <input type="checkbox"/> Time Share Certificate _____ | <input type="checkbox"/> Add New ATM Card (\$5 Annual Fee) _____ | |
| <input type="checkbox"/> Add New Visa Debit Card _____ | <input type="checkbox"/> Other _____ | |

I/We agree that the changes on this Card amend the previously signed Signature Account Card and are subject to the terms and conditions of the Membership and Account Agreement. Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an ATM Card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. (NOTE: not valid without primary member's signature)

Signature _____ Signature _____

Signature _____ Signature _____