

Member Name _____

Account Number _____



ACCOUNT CHANGE CARD

Name Change

SSN/TIN _____
 Member Name _____
 Physical Address _____
 City/State/Zip _____
 Mailing Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 E-Mail _____
 Birthdate _____
 Driver Lic. # _____ ST _____ Exp _____
 Employer _____
 Occupation _____

SSN/TIN _____
 Joint Owner Name _____
 Physical Address _____
 City/State/Zip _____
 Mailing Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 E-Mail _____
 Birthdate _____
 Driver Lic. # _____ ST _____ Exp _____
 Employer _____
 Occupation _____

NAME CHANGE

Copy of identification reflecting new name and legal name change documentation is required

Former Name _____
 New Name _____
 New Signature _____ Date _____

AUTHORIZATION

If multiple signatures are subscribed hereto, Arapahoe Credit Union is hereby authorized to recognize any of these signatures shown on this card in payment of funds or transaction of any business for the member account as described in the Membership and Account Agreement. By signing, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we authorize you to check account, credit, and employment history and obtain a credit report from third parties, including credit reporting agencies, to verify eligibility for the accounts and services I/we requested.

The USA Patriot Act requires us to obtain, verify and record information that identifies each person.

X _____ X _____
 Signature (Account Owner) Date Signature (Joint Owner) Date

FOR CREDIT UNION USE ONLY

Updated By: _____ Date: _____

Membership Officer: _____ OFAC: _____