Louisiana Federal CREDIT UNION
P.O. Box 1956
LaPlace, LA 70069
(985) 652-4990 • (888) 652-4990
www.louisianafcu.org

ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:
TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information		☐ CHANGE		**Joint Owner(s) Information**	☐ ADD	☐ CHANGE	☐ REMOVE
Agent/POA	☐ ADD	☐ CHANGE	☐ REMOVE	**Account Type**	☐ ADD	☐ CHANGE	☐ REMOVE
Other _____	☐ ADD	☐ CHANGE	☐ REMOVE				

OWNERSHIP INFORMATION CHANGES

Member/Owner:	**Member No.**
Street:	Password:
	E-mail:
City/State/Zip:	Work Phone:
Home Phone:	
Employment:	

If one or more Joint Owners are listed below, the account(s) noted under Account Type is / are a Joint Account(s) with Access to the Account(s) after Death of one or more Parties.

Joint Owner: The parties signed below will hold Credit Union harmless for actions regarding account access. If this form removes a Joint Owner, the removed joint owner(s) relinquishes ownership interest including any membership share in the account(s) set forth below. This relinquishment does not affect a borrower's obligation on any loan accounts.

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: Work Phone:	E-mail:

Joint Owner:	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: Work Phone:	E-mail:

ACCOUNT DESIGNATIONS

☐ **Agent/POA** Print Name: _____
ID Number: _____

Signature: _____ (date)

☐ **Other:**

ACCOUNT TYPE

☐ Share/Savings	☐ Share Certificate	☐ Money Market	☐ Youth Club Account
☐ Share Draft/Checking	☐ Pledged Shares	☐ Club Account	☐ Other:

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

X _____	**X** _____
Signature Date	Signature Date
X _____	**X** _____
Signature Date	Signature Date

FOR CREDIT UNION USE ONLY Date: Changed by:

☐ Chex System	☐ Call 24	☐ Online Banking
☐ ID Check	☐ PIN Request	☐ Debit Card
☐ OFAC		

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