

Account Ownership Change Form



Member Name

Account Number

Email

Address

City St Zip

Daytime Phone

Evening Phone

I/We authorize Empeople Credit Union to make and accept the following change to my/our account.

Please Change Add Delete

Select: Joint Owner

Trustee Power of Attorney

Please Change Add Delete

Select: Joint Owner

Trustee Power of Attorney

Name

Name

Address

Address

Social Security #

Birthdate

Social Security #

Birthdate

Driver's License

Issuing State

Driver's License

Issuing State

Date Issued

Expiration

Date Issued

Expiration

Email Address

Email Address

Daytime Phone

Daytime Phone

Please read before signing:

I/We also authorize Empeople Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. Applicants shall be deemed to have agreed to and accept the terms and conditions of this agreement. I/We agree that the changes on this card are subject to the terms and conditions set forth in the TIS Account Disclosure and the original Account Signature Card. I/We also acknowledge receiving a copy of the TIS Account Disclosure.

x

Signature

Date

x

Signature

Date

x

Signature

Date

x

Signature

Date

For any questions, please contact us at service@empeople.com or (800) 338-6739

Office Use Only

Updated by

Verification

Date