

Everence Federal Credit Union account changes



Please complete and return this form to your local Everence Federal Credit Union branch office. You may also fax it to 717-735-8331, or mail it to Everence Federal Credit Union, 2160 Lincoln Highway East, Ste. 20, Lancaster, PA 17602-1150.

Complete only the sections below that pertain to the changes you are requesting.

Member name(s) _____

Date _____ Member number _____

1. Ownership information changes

For ownership address changes, use address change form.

Name change: Old name _____ New name _____

Social Security number/Tax Identification number _____ Birth date _____

Primary phone _____ cell work home Secondary phone _____ cell work home

Email address _____

2. Add a joint owner

If adding a joint owner, please provide a copy of valid photo ID.

Joint owner _____

Social Security number/Tax Identification number _____ Birth date _____

Address _____

Primary phone _____ cell work home Secondary phone _____ cell work home

Email address _____

3. Remove a joint owner

Remove the account owner(s) listed below. Removal of a joint account owner requires consent of all owners, and we will hold Everence harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share. This relinquishment does not affect my/our obligation on any loan account.

Remove these owners:

Member number _____

4. Account designations

Type of change: add remove change

Payable on death (POD)/Trust accounts

Beneficiary/POD payee _____ Beneficiary/POD payee _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

The payee information above applies to: all accounts specific accounts (designate): _____

Agency

Name of agent _____ Date _____

Signature of agent _____

This agent applies to: all accounts specific accounts (designate): _____

5. Add or remove accounts

checking add remove

money market add remove

indexed money market add remove

certificates add remove

other: _____

6. Request to close membership

I/we authorize Everence to close the above credit union membership and remove all services related to the membership. I/we understand that any debits received, including checks presented for payment, or credits received, will be returned to the source as "account closed."

7. Authorizations

I/we authorize Everence to make and accept the changes to the account(s) as indicated above.

I/we agree that the changes on this form amend the previously signed documents and are subject to the terms and conditions of the Everence Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure and to any amendment that Everence makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements and disclosures that are applicable to the accounts and services requested above.

I/we authorize Everence Federal Credit Union to obtain a consumer credit report to evaluate my/our creditworthiness so that I/we may be considered for other Everence products and services. I/we also authorize Everence Federal Credit Union to obtain consumer reports for purposes of evaluating the membership application and reviewing any Everence accounts I/we open. I/we understand these reports may be used in decisions to deny account applications, close accounts, and/or restrict accounts or services.

Signature Date

Signature Date

Signature Date

Signature Date

Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com/banking

Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com

For staff use only

Date of membership _____ Opened by _____

Identity verification form (copy attached)

Member service questionnaire