



PO Box 14864, Reading, PA 19612-4864  
1-800-288-6423 Nationwide  
(610) 927-4000 in Reading

UECU office use only:  
CU entry initials \_\_\_\_\_ Date \_\_\_\_\_  
Checks \_\_\_\_\_ Date \_\_\_\_\_  
Card \_\_\_\_\_ Date \_\_\_\_\_

**CHANGE OF ACCOUNT FORM**

Member Name \_\_\_\_\_ Date \_\_\_\_\_  
SS# \_\_\_\_\_

Day Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Account Number Affected \_\_\_\_\_

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**Name Change** (Must provide proof of legal name change such as copy of marriage license or divorce decree)

Old Signature \_\_\_\_\_ Print Name \_\_\_\_\_

New Signature \_\_\_\_\_ Print Name \_\_\_\_\_

If you have a UECU checking account, new checks will be needed. We will contact you with the reorder number. If you would like UECU to place a reorder with the same design, please check the box below. Your account will be charged when the order is shipped. There will be a fee for a new *Advantages* Check Card or Access Card. Please refer to the fee schedule for the replacement card fee.

Requesting new checks

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**Add Joint Owner(s)** (Requires signatures of all current account owners and new owners at end of form)

A joint account is payable to either owner. The credit union can accept deposits from or process withdrawals for any owner. A joint account is owned jointly with right of survivorship, which means the interest of a deceased owner will pass to the surviving owner(s). All joint owners agree to be bound by the terms in the Joint Account Ownership Agreement, included in the Account Agreement and Disclosures booklet that will be provided to you.

I/We certify the information provided is true and correct and authorize UECU to check my/our account, credit and employment history and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my/our eligibility for Credit Union account and services. I/We understand that UECU may rely on information in this application, consumer and credit bureau reports to make its decision.

By signing this document, I/we agree to the conditions stated in the Account Agreement and Disclosures, Rate and Fee Schedules, and Credit Union Bylaws and policies, and any amendments to these documents may from time to time which collectively govern my/our membership and accounts.

\_\_\_\_\_  
Name of Joint Owner Driver's License/Motor Vehicle Photo ID # (include state) Social Security #/Tax ID #

\_\_\_\_\_  
Street Address City, State & Zip

\_\_\_\_\_  
Date of Birth Home Phone # Email Address Mother's Maiden Name

\_\_\_\_\_  
Name of Joint Owner Driver's License/Motor Vehicle Photo ID # (include state) Social Security #/ Tax ID #

\_\_\_\_\_  
Street Address City, State & Zip

\_\_\_\_\_  
Date of Birth Home Phone # Email Address Mother's Maiden Name

If you are adding an owner to an existing UECU checking account, new checks will be needed. We will contact you with the reorder number. If you would like UECU to place a reorder with the same design, please check the box below. Your account will be charged when the order is shipped.

Requesting new card

Requesting joint owner *Advantages* Check Card or Access Card  
Please select your confidential four-digit PIN number for your debit card. If you do not select a PIN number, one will be generated and mailed to you.

PIN \_ \_ \_ \_ (PIN number must be numeric. DO NOT choose 9999 or 0000.)

**Address Change** (Requires signature of account owner at end of form)

Old Address \_\_\_\_\_

Street Address

City, State & Zip Code

Home Phone #

Old Email Address \_\_\_\_\_

New Address \_\_\_\_\_

Street Address

City, State & Zip Code

Home Phone #

New Email Address \_\_\_\_\_

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**Add Savings Account Trust (Payable on Death Account)** (Requires signature of account owner at end of form)

**Change Beneficiary of Existing Savings Account Trust** (Requires signature of account owner at end of form)

**Delete Saving Account Trust from Existing Account** (Requires signature of account owner at end of form)

A Savings Account Trust is a share account that is payable after death of the owner to a designated individual. The owner of the account has complete control and ownership of the account during his or her lifetime. The account beneficiary is not authorized to receive balance information, perform transactions on the account or receive any proceeds until the owner is deceased.

In Trust for: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

In Trust for: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**Close Checking Account** Acct # \_\_\_\_\_

Provide date, check # and amount of last check written & last date & amount of card transaction on the line provided below. Signature of owner required at end of form. If joint account, either owner may sign.

**Close Advantages Check card** ^ \_\_\_\_\_  **Close Special Savings Account**

**Close Access card** ^ \_\_\_\_\_  **Close Holiday Savings Account**

**Close Share Savings Account** \_\_\_\_\_  **Close Vacation Savings Account**  
(Requires signatures of all current owners of account)

If funds need to be disbursed to close a checking or savings account, please indicate how those funds are to be distributed.

Check to home address  Transfer to existing account \_\_\_\_\_

^Return Advantages Check Card or Access Card to Credit Union. For security purposes, please cut card through numbers.

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**Signature Section**

*I agree to allow the Credit Union sufficient time (approximately 10 business days) to receive this form and establish these changes.*

Primary Member Signature \_\_\_\_\_

**Signatures of all Owners are required to add joint owners to account or to close any joint owned share savings account.**

Joint Owner Signature \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_

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