

Account Change Request

(excludes CDs, IRAs, Loans)

Account No. _____

Tropical Financial Credit Union

CURRENT ACCOUNT OWNER(S): Member _____ Joint Owner _____ Joint Owner _____	<input type="checkbox"/> *CHANGE OF NAME TO: Member _____ Joint Owner _____ Joint Owner _____
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ACCOUNT CHANGES

***REMOVE JOINT OWNER (excludes CDs, IRAs and loans)**

*** If a checking account is open, the owner(s) being removed, and the remaining owner(s) must complete and sign indemnifications. (exception for deceased joint owner)**

Joint Owner(s) to be removed: _____ (applies to Savings, Money Market, Premier One or Holiday account(s))
Joint Owner(s) is/are to authorize this request by signing below. *Joint owner's signature must be*

notarized. If joint owner is deceased, attach a copy of the certified death certificate.

The Credit Union is held harmless for any action relating to account access including, but not limited to, Debit Card and other electronic funds transfer or direct deposits. The removed account owner relinquishes ownership interest in the account(s) indicated above. By signing below, the joint owner being removed understands that this removal of account ownership does not affect your obligation on any loan account(s).

OVERDRAFT PROTECTION: (consumer account only)

- I request Overdraft Protection Service: Savings Personal Line of Credit (check one or both)
 CANCEL Overdraft Protection from: Savings Personal Line of Credit

Overdrafts will be covered in the amount needed to pay your overdraft item from the (1) Savings or Personal Line of Credit to checking, as you have designated. If you have selected to transfer from both Savings and Personal Line of Credit, we will first attempt to cover the overdraft from the Savings Account. If there are insufficient funds in Savings to transfer funds to pay the check, the transfer will be attempted from the Line of Credit advance, if available.

CANCEL DEBIT CARD SERVICE

AUTHORIZATION AND SIGNATURES

*** Change Requests indicated by (*) above require a separate Membership Application (replacement) form signed by Account Owner(s).**

Date _____

I/We agree that the change(s) requested above will amend the Membership Application form and will be subject to the terms and conditions of the Electronic Funds Transfer, Truth-in-Savings, Funds Availability and Account Information disclosures as may be amended by Tropical Financial Credit Union.

[X _____]

Member

[X _____]

Joint Owner

[X _____]

Joint Owner

NOTARY – Required for Voluntary Removal of Joint Owner

State of _____ County of _____

The foregoing instrument was acknowledged before me this ___ day of _____, _____ by _____ who is personally known ___ OR has produced identification ___ Type of identification produced _____

STAMP

Notary Signature _____

CREDIT UNION USE

Date: _____ Branch _____ Opened/FM By _____ Audited By: _____