

ACCOUNT MODIFICATION FORM



Current Account Information

Full Name on Account	Membership Number
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I /We authorize the Credit Union to make and accept the following changes to my/our accounts: (Please indicate the type of change)

The account(s) is a Multiple Party Account:

* **Add Account/Service.** Add the account/service designated under Accounts or Services.

* without Rights of Survivorship

* **Terminate Account/Service.** Terminate the account/service designated under Accounts or Services

* with Rights of Survivorship

* **Add Account Owner.** Add the following account owner on the account(s) indicated

Member Information

Last Name	First Name	Middle Initial	Employee ID#
Home Address (cannot be P.O. Box)	City	State	Zip
Driver's License State/Number(ex., GA 123456789)	Social Security or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	
Email Address	Phone Number	Emergency Contact Name	

Joint Owner Information

Last Name	First Name	Middle Initial	Mothers Maiden Name
Home Address (if different from address above)	City	State	Zip
Driver's License State/Number(ex., GA 123456789)	Social Security or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	
Email Address	Phone Number	Emergency Contact Name	

Beneficiary Information

Last Name	First Name	DOB	% of Distribution
Address	City	State	Zip
Last Name	First Name	DOB	% of Distribution
Address	City	State	Zip
Last Name	First Name	DOB	% of Distribution
Address	City	State	Zip
Total Distribution (must equal 100%)			

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Designation on Payable-On-Death Beneficiary - All Accounts under this member number Specific Accounts

Notice: All beneficiaries are subject to an Office of Foreign Asset Control (OFAC) review before being added or prior to disbursement of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased.

I /We agree that the changes on this modification form amend the previously signed Account Application and are subject to the terms and conditions of the Membership Account Agreement, Rate and Fee Schedule, 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 a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If a Visa Debit Card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Member's Signature	Printed Name	Date
Joint Signer's Signature	Printed Name	Date
Removed Signer's Signature	Printed Name	Date

Credit Union Representative's Signature	Printed Name	Date
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Form Instructions:

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|--|---|
| 1-Complete all applicable fields | 4. Email to: creditunion@northsidefcu.com |
| 2-Print completed form | 5. Or Fax to: 404-845-5033 |
| 3-Sign and date the Signature sections | |