



BAY CITIES CREDIT UNION

MEMBER SIGNATURE CARD AMENDMENT

Use this form to make changes or open sub accounts on your original membership account. **Fax the completed form to (510) 300-6442 or mail to: Bay Cities Credit Union, PO Box 30, Hayward CA 94543.**

Member # _____ Member Name _____ Date _____

Address: (Check Box if New Address) _____

TYPE OF CHANGES: I/We Authorize the Credit Union to make and accept the following changes to my/our account(s):

- Add Account/Service. Add the account/service designated below for the account owner(s) named above.
- Add Account Owner. Add the following account owner on the account (s) designated below.
- Add Account Beneficiary. Add the following Payable on Death (POD)account beneficiary(s) on the account(s) designated below.
- Remove Account Beneficiary.

Name _____ Account Type(s) _____

All of the requested information must be completed.

Joint Owner/Beneficiary _____ SSN/TIN _____ Driver's Lic. # _____

Address _____ Date of Birth _____

Home Phone _____ Daytime Phone _____ Mother's Maiden Name _____

Joint Owner/Beneficiary _____ SSN/TIN _____ Driver's Lic. # _____

Address _____ Date of Birth _____

Home Phone _____ Daytime Phone _____ Mother's Maiden Name _____

Change Name. Change my name as follows:

New Name: _____ Drivers Lic. #: _____

Driver's License Verification: Teller # _____ Teller Initials: _____

ACCOUNTS/SERVICES TO BE AFFECTED

- | | | |
|--|--|--|
| <input type="checkbox"/> Share/Savings _____ | <input type="checkbox"/> Privacy Policy Opt Out (Non-Affiliate) | <input type="checkbox"/> Marketing Opt Out (Affiliate) |
| <input type="checkbox"/> Share Draft/Checking _____ | | |
| <input type="checkbox"/> Overdraft Protection _____ | Account Transfer Priority: _____ | |
| <input type="checkbox"/> Money Market _____ | _____ | |
| <input type="checkbox"/> Time Share Certificate _____ | <input type="checkbox"/> Add New ATM Card (\$5 Annual Fee) _____ | |
| <input type="checkbox"/> Add New Visa Debit Card _____ | <input type="checkbox"/> Other _____ | |

I/We agree that the changes on this Card amend the previously signed Signature Account Card and are subject to the terms and conditions of the Membership and Account Agreement. Truth-in-Savings 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 an ATM Card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement. (NOTE: not valid without primary member's signature)

Signature _____ Signature _____

Signature _____ Signature _____