



MUNICIPAL
EMPLOYEES CREDIT
UNION OF
BALTIMORE, INC.

401 East Fayette Street • Baltimore, MD 21202-3452
410-752-8313

ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS	I/We authorize the Credit Union to make and accept the following changes to my/our accounts: TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)								
	Account Owner Information			<input type="checkbox"/> Change	Joint Owner(s) Information		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
	Convenience	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	POD/Trust Beneficiary		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove
Trustee	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	Account Type/Services		<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Remove	

OWNERSHIP INFORMATION CHANGES	Member/Owner:				Account No.			
	Street:				SSN/TIN:			
	City/State/Zip:				Driver's Lic. No:			
	Home Phone: ()		<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		State:			
	Work Phone: ()		e-mail:		Issue Date:		Exp. Date:	
	Employment:				Date of Birth:		Mother's Maiden Name:	
	The account(s) is a Joint Account				<input type="checkbox"/> With Rights of Survivorship		<input type="checkbox"/> Without Rights of Survivorship	
					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
	Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.							
	Joint Owner #1:				SSN/TIN:			
	Street:				Driver's Lic. No:		State:	
	City/State/Zip:				Issue Date:		Exp. Date:	
	Home Phone: ()		Relationship to owner:		Date of Birth:			
	Work Phone: ()		E-mail:		Mother's Maiden Name:			
	Joint Owner #2:				SSN/TIN:			
Street:				Driver's Lic. No:		State:		
City/State/Zip:				Issue Date:		Exp. Date:		
Home Phone: ()		Relationship to owner:		Date of Birth:				
Work Phone: ()		E-mail:		Mother's Maiden Name:				

ACCOUNT DESIGNATIONS	<input type="checkbox"/> Payable on Death (POD)/Trust Account <input checked="" type="checkbox"/> All Accounts			
	Beneficiary/POD Payee:		Relationship to owner:	
	<input type="checkbox"/> Convenience Account		Print Name of Convenience Person	
	Signature		(date)	
<input type="checkbox"/> Other: <input type="checkbox"/> See Account Authorization Card				

ACCOUNT TYPE		ACCOUNT SERVICES	
<input type="checkbox"/> Share/Savings:	<input type="checkbox"/> Money Market:	<input type="checkbox"/> Overdraft Protection (indicate transfer priority):	
<input checked="" type="checkbox"/> Share Draft/Checking:	<input type="checkbox"/> Other:	<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Telephone Teller:
<input type="checkbox"/> Share Certificate/Certificate:		<input type="checkbox"/> Debit Card:	<input type="checkbox"/> PC Access/Internet Banking:

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed 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 the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We agree to be bound by the bylaws of the credit union and by the terms and conditions of all agreements and disclosure applicable to my/our accounts. This includes the membership agreement and MECU disclosures that are incorporated herein by reference and which, when done by mail, will be sent to me after the account is opened and which may be amended from time to time. I/We expressly authorize MECU to check now and in the future my/our credit, employment history or other information and to report to others such information and credit experience with me/us. I/We further agree that the use of my/our member number and Online Banking PIN shall constitute sufficient verification of my/our identity for transacting business with the credit union or for opening additional MECU accounts.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Signature	Date	Signature
		Date
		Signature
		Date

FOR CREDIT UNION USE ONLY		<input type="checkbox"/> See Account Card
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking