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Sunrise, FL 33322-1611
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ACCOUNT CHANGE FORM



Member # _____ Checking # _____

Primary Owner _____ Joint Owner _____

NAME CHANGE: attach copy of legal document such as marriage certificate, final dissolution of marriage, etc.)

Current Name _____

New Name _____

ADDRESS CHANGE: must be completed in person, using valid ID

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

NEW SERVICES REQUESTED

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Zip Free Checking ** | <input type="checkbox"/> Visa Debit Card | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Go Green Checking ** | <input type="checkbox"/> Club Account | |
| <input type="checkbox"/> i-Net Checking ** | <input type="checkbox"/> Other _____ | |

**Checking with ID *SafeChoice* (\$1.25 per mo.)

Check this box if you wish to opt out of the ID *SafeChoice* Program (\$1.25 per mo.)

ADD JOINT OWNER

Name _____ SSN/TIN _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

Date of Birth _____

REMOVE JOINT OWNER

As of the undersigned date, we agree that _____ is removed as a Joint Owner on the account. This credit union is held harmless for any action relating to account access including, but not limited to ATM/Visa Debit Card, and other electronic funds transfers, direct deposits or withdrawals. The removed account owner relinquishes ownership interest in the account indicated above. This removal of account ownership does not affect either party's obligation on any loan account(s). Signature of all owners required.

PAYABLE-ON-DEATH BENEFICIARY DESIGNATION: only the Primary owner may make this request.

Name #1 _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Relationship to Primary _____

Name #2 _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Relationship to Primary _____

Name #3 _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Relationship to Primary _____

CLOSE ACCOUNT: I wish to close my account (savings, checking, money market, club, IRA, CD). I understand that once my account is closed a \$25 re-open fee will be required at the time of application.

SIGNATURES: must be notarized if request is not made in person.

I (we) agree that the change(s) requested above will amend the original Membership Application Form and will be subject to the terms and conditions of the "Important Account Information for Our Members" account disclosure, if applicable, as may be amended by the credit union.

_____ Primary Owner	_____ Date	_____ Joint Owner	_____ Date
[NOTARIZATION BLOCK for Primary]		[NOTARIZATION BLOCK for Joint]	

Completed by

Date