

Account Change Form

	Member Number	Effective Date
--	---------------	----------------

Account Type(s):	<input type="checkbox"/> Primary Savings	<input type="checkbox"/> Club	<input type="checkbox"/> Basic Checking	<input type="checkbox"/> Traditional IRA
	<input type="checkbox"/> Select Checking	<input type="checkbox"/> Invest Checking	<input type="checkbox"/> Certificate	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> Coverdell Education Savings	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Other _____	

<input type="checkbox"/> Change Address/Phone	<input type="checkbox"/> Add Authorized Signer	<input type="checkbox"/> Remove Authorized Signer	<input type="checkbox"/> Add Joint Owner/Beneficiary
<input type="checkbox"/> Remove Joint Owner/Beneficiary	<input type="checkbox"/> Name Change	<input type="checkbox"/> Share Type/Service _____	

Primary Owner Information Member Trust Other Specify: _____ Are You a Non-Resident Alien? Yes No

Name (First, Last, MI & Suffix, or Name of Trust)			Social Security Number		Birth Date or Date of Trust	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address		Password	

Owner #2 Information Joint Owner Trustee Custodian Other Specify: _____

Name (First, Last, MI & Suffix)			Social Security Number		Birth Date	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address		Password	

Owner #3 Information Joint Owner Trustee Custodian Other Specify: _____

Name (First, Last, MI & Suffix)			Social Security Number		Birth Date	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address		Password	

Owner #4 Information Joint Owner Trustee Custodian Other Specify: _____

Name (First, Last, MI & Suffix)			Social Security Number		Birth Date	
Physical Address			City		State	Zip
Mailing Address (if different than above)			City		State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address		Password	

Payable-On-Death Account Beneficiary Change Designation

Name		Social Security Number	Birth Date	Percentage
Address		City	State	Zip
Name		Social Security Number	Birth Date	Percentage
Address		City	State	Zip
Name		Social Security Number	Birth Date	Percentage
Address		City	State	Zip
Name		Social Security Number	Birth Date	Percentage
Address		City	State	Zip

Authorized Signers

Unless We receive written instructions to the contrary, the following are authorized to deposit and withdraw funds and transact any other business related to the Account indicated above now or in the future. Henrico Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Account with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Authorized Signer #1 Name <i>(First, Last, MI & Suffix)</i>			Social Security Number	Birth Date
Address		City		State Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address	Password
Position/Title		Signature		
Authorized Signer #2 Name <i>(First, Last, MI & Suffix)</i>			Social Security Number	Birth Date
Address		City		State Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address	Password
Position/Title		Signature		

Signatures

You hereby authorize Henrico Federal Credit Union to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements And Disclosures. You acknowledge receiving a copy of those Agreements And Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). If You are designating an authorized signer, You understand that unless We receive written instructions to the contrary, such individuals are authorized to deposit and withdraw funds from each Account designated herein and transact any other business related to such Accounts now or in the future, and We are further authorized to pay out funds and/or transact any other business related to such Accounts with any one of those individuals. Your signature below is Your continuing authorization for Henrico Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature _____	Date _____	Owner #2 Signature _____	Date _____
Owner #3 Signature _____	Date _____	Owner #4 Signature _____	Date _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

Credit Union Use Only

Date of Membership _____ Opened by _____ User Number _____

USA Patriot Act Compliance

Primary Owner: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

MIP _____ OFAC _____ Chex Systems _____

Owner #2: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

MIP _____ OFAC _____ Chex Systems _____

Owner #3: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

MIP _____ OFAC _____ Chex Systems _____

Owner #4: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

MIP _____ OFAC _____ Chex Systems _____

Authorized Signer #1: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

MIP _____ OFAC _____ Chex Systems _____

Authorized Signer #2: DL or ID _____ ID# of Document _____ Place of Issuance _____ Date of Issuance _____ Expiration Date _____

MIP _____ OFAC _____ Chex Systems _____