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Account Change Form

Current Account Information

Account Owner(s): _____ Member #: _____ Social Security #: _____
(Please Print)

Email Address _____ May we contact you by email? Yes No

Subsequent Actions

1. Name Change: Change my name to: _____
(Please Print)

Former Name: _____ Driver's License #: _____

2. Add Joint Owner (with rights of survivorship, please complete section 3 if you are replacing a current joint owner):

All regular and checking class accounts, or, A/C #: _____ A/C #: _____ A/C #: _____ A/C #: _____

Name of new Joint Owner (Please Print) Social Security # Date of Birth Signature of Joint Owner

Address City State Zip

Name of new Joint Owner (Please Print) Social Security # Date of Birth Signature of Joint Owner

Address City State Zip

3. Remove Joint Owner : Remove the following account owner. Removal of a joint owner requires consent of all account owners. We will hold the Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s). The relinquishment does not affect my/our obligation on any loan account(s).

Name of Joint Owner to be removed (Please Print) Signature of removed Joint Owner Date

4. Add/Change/Remove Trust/POD Account Beneficiary:

Add: _____
Name (Please Print) Social Security # Date of Birth

Remove: _____
Name (Please Print) Social Security # Date of Birth

5. Other: _____

Authorization

I/we agree that the changes on this form amend the previously signed Membership form and are subject to all terms and conditions of membership in the Sb1 Federal Credit Union.

Signature Date Signature Date Signature Date

For office use only:

Date: _____ Processed by: _____