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ACCOUNT CHANGE FORM

Member # _____

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: Submit valid ID.**

Physical Address _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail _____

- REMOVE FLAG 24**

- NEW SERVICES REQUESTED. Check all that apply.**

- Checking Account** # _____ ATM Card
 Visa Debit Card "My" Club Account Vacation Club Account
 Other _____

** Checking with ID Theft Service (\$1.50 per mo.)

- Opt in to Checking with ID Theft Service Opt out of Checking with ID Theft Service

For your convenience, our checking account offers Courtesy Pay for checks, ATM/debit card transactions, and ACH transactions. If member wishes to opt-in to our Courtesy Pay Program for checks, ATM/Debit card transactions, and ACH transactions, he/she must sign the initial disclosure.

- Check this box if you wish to opt out of the Courtesy Pay Program

- ADD JOINT OWNER (Joint owner is joint on all accounts, except an IRA)**

Name _____ SSN/TIN _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ E-Mail _____
Date of Birth _____ Place of Birth _____ MMN _____
Relationship _____

FORWARD COMPLETED FORM TO MEMBER SERVICE MANAGER AT MAIN OFFICE!!

Credit Union Use:

Date Received _____ by _____ Change Completed on _____ by _____

Name _____ SSN/TIN _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ E-Mail _____
 Date of Birth _____ Place of Birth _____ MMN _____
 Relationship _____

REMOVE JOINT OWNER. All parties must sign. Review all accounts (i.e., ACCT/SSIN)

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). Account must be in good standing prior to any owner's removal.

PAYABLE-ON-DEATH BENEFICIARY DESIGNATION or CHANGE FORM: Only the Primary owner may make request. *POD beneficiaries for all sub-accounts under one account #, will be the same.*

- Share _____ Club _____
 Share Draft _____ Youth _____

I hereby revoke any and all previous designations of Pay-on-Death (POD) beneficiaries with respect to the account(s) indicated above. I hereby designate the following as POD beneficiary(ies) of the account(s) indicated above upon the death of the last surviving owner of the account(s):

Full Name of Beneficiary & SSN	Relationship to Member	Date of Birth	Address (Street, City, State, Zip)	Phone #

A beneficiary must survive the last surviving owner of the account(s). If no beneficiary survives the last surviving owner, sums on deposit in the account(s) belong to the estate of the last surviving owner. Surviving beneficiaries shall have equal and undivided shares in the sums on deposit in the account(s), without right of survivorship.

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 & Agreement 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**

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

 Notary Signature **Print or type name**

 Notary Signature **Print or type name**

NOTARY PUBLIC; My Commission # _____ Expires: _____

NOTARY PUBLIC; My Commission # _____ Expires: _____