



Account Number: _____ Account Change Card

Current Membership Information

Account Owner(s)

Subsequent Actions

I/We authorize UANWFCU to make and accept the following changes to my/our/ accounts.

Current Address/Contact Information

Name _____
Street Address _____
Mailing Address (if diff) _____
Home Phone _____
Work Phone _____
Cell Phone _____

Email(1) _____
Email(2) _____

Employer _____

New Address/Contact Information

Name _____
Address _____
Home Phone _____
Work Phone _____
Cell Phone _____

Email(1) _____
Email(2) _____

Employer _____

Please sign me up for E-Statements Only
(No paper statements will be mailed)

Authorization

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Account Card, Truth-In-Savings Rate and Fee Schedules, 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 a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If a Check Card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.*

Signature _____ Date _____
Signature _____ Date _____

For Credit Union Use Only

Membership Officer _____ Date _____

Additional member info _____