



Scient Federal Credit Union
 60 Colver Avenue • P.O. Box 499
 Groton, CT 06340-0499
 Tel: 877 860 MYCU
 www.scientfcu.org

ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS

This form establishes additional account(s), changes ownership of existing account(s), changes owner's personal information and/or identifies new account service(s). The nature of the change(s) is/are marked below.

TYPE OF CHANGE

Please indicate the type of change and complete only the information that affects the change.

Member/Owner Information	<input type="checkbox"/>	Change	Joint Owner(s) Information	<input type="checkbox"/>	Add	<input type="checkbox"/>	Change	<input type="checkbox"/>	Remove
Agent	<input type="checkbox"/>	Add	POD/Trust Beneficiary	<input type="checkbox"/>	Add	<input type="checkbox"/>	Change	<input type="checkbox"/>	Remove
Other	<input type="checkbox"/>	Add	Account Type/Services	<input type="checkbox"/>	Add	<input type="checkbox"/>	Change	<input type="checkbox"/>	Remove

MEMBER INFORMATION CHANGES

- Change of Legal Name of Member
 (Include Legal Documentation required to change name)
- Change of Address and/or Phone Number

Member/Owner Name	Member No.
Old Legal Name	
Street	SSN/TIN
City/State/Zip	Type of ID Expiration Date
Home Phone Work Phone	ID No. State of Issue
Date of Birth Cell Phone	Password
E-mail	Employer

ACCOUNT OWNERSHIP

The account(s) is/are a Joint Account With Survivorship Without Survivorship

JOINT OWNER INFORMATION

Joint Owner: If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. Removal from an account terminates a Joint Owner's ownership of the account(s), including any membership share in the account(s). The termination of ownership rights does not affect the Joint Owner's liability to the Credit Union for any loan or other obligation. Please attach a copy of ID for new joint owner(s).

Joint Owner	SSN/TIN
Street	Type of ID Expiration Date
City/State/Zip	ID No. State of Issue
Home Phone Work Phone	Employer
Date of Birth Cell Phone	E-mail
Joint Owner	SSN/TIN
Street	Type of ID Expiration Date
City/State/Zip	ID No. State of Issue
Home Phone Work Phone	Employer
Date of Birth Cell Phone	E-mail

