

# Account Change Form



I / We authorize Altra Federal Credit Union to make and accept the following changes to the following accounts.

Please complete only the section that affects your change below. For additional information changes, please attach another form.

## MEMBER INFORMATION Change

Member's Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Previous Name if changed: \_\_\_\_\_

SSN / TIN / EIN \_\_\_\_\_

Address \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Name & Address \_\_\_\_\_

Email \_\_\_\_\_

Use my email to inform me of special Altra offers and news

## JOINT ACCOUNT HOLDER INFORMATION Add Change Remove

Joint Acct. Holder's Name: \_\_\_\_\_

SSN / TIN / EIN \_\_\_\_\_

Previous Name if changed: \_\_\_\_\_

Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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## SAVINGS Add Change Remove Reopen

SAVINGS  Single  Joint \*\$5 min. balance required

SPECIAL SAVINGS  Single  Joint

MONEY MARKET  Single  Joint Suffix \_\_\_\_\_

HIGH RATE SAVINGS  Single  Joint

CHRISTMAS CLUB  Single  Joint

VACATION CLUB  Single  Joint

CUSTODIAL YOUTH ACCOUNT

Custodian's Name: \_\_\_\_\_

Successor Custodian's Name: \_\_\_\_\_

CERTIFICATE \_\_\_\_\_

OTHER \_\_\_\_\_

## CROSS-ACCOUNT TRANSFER Add Change Remove

Complete free cross-account transfers online or by telephone, 24 hrs a day.

Acct. #: \_\_\_\_\_ Name: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Name: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Name: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Name: \_\_\_\_\_

## CHECKING Add Change Remove Reopen

ACCOUNT  Single  Joint Suffix \_\_\_\_\_

LIST TYPE \_\_\_\_\_

PLEASE PROVIDE ME WITH A:  Visa Check Card

### INFORMATION PRINTED ON YOUR CHECKS

Before ordering checks, a deposit must be made to cover entire cost of the checks.

NAME(S): \_\_\_\_\_

ADDRESS (If different from above): \_\_\_\_\_

DRIVER'S LICENSE (optional)  Acct. Holder's  Joint Holder's  Both  Neither

PHONE (optional) \_\_\_\_\_

CHECK STYLE:  Single  Duplicate Check Design \_\_\_\_\_

## OVERDRAFT PROTECTION Add Change Remove

### OVERDRAFT PROTECTION FOR CHECKING

Choose up to 6 accounts; rank choices by 1, 2, 3, etc. If you choose another checking or savings account as overdraft protection, you must be a joint owner. If no selection is made, your savings account will automatically be used.

\_\_\_\_\_ SAVINGS ACCOUNT \_\_\_\_\_ SPECIAL SAVINGS

\_\_\_\_\_ LINE OF CREDIT \_\_\_\_\_ PRIME CREDIT LINE

\_\_\_\_\_ MONEY MARKET (choose one) Suffix \_\_\_\_\_

\_\_\_\_\_ OTHER Acct #: \_\_\_\_\_

No, I do not want Overdraft Protection on my Checking account. I understand that without it I will be charged an NSF fee for each returned check.

**PAYMENT ON DEATH (POD) BENEFICIARY**  Add  Change  Remove For additional information changes, please attach another form.

Beneficiaries listed are automatically included on all accounts unless otherwise noted.

Beneficiary / POD Payee: \_\_\_\_\_

Beneficiary / POD Payee: \_\_\_\_\_

Beneficiary / POD Payee: \_\_\_\_\_

Beneficiary / POD Payee: \_\_\_\_\_

Beneficiary / POD Payee: \_\_\_\_\_

Beneficiary / POD Payee: \_\_\_\_\_

**OTHER ACCOUNT**  Add  Change  Remove

**AUTHORIZATION**

**Altra may require signatures from all Account Holders for certain Account Information Changes.**

I / We agree that the changes on this Card amend the previously signed Membership Application and are subject to the terms and conditions of Altra's Account Disclosures 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 brochure applicable to the accounts and services requested above. I understand that all other information on the original Membership Application remains the same, including, but not limited to, the account ownership, overdraft protection options and beneficiary information. I understand by changing accounts, I may or may not be assessed fees for maintaining an average daily balance. If there is a joint owner on this account, and they have not already signed below, I have notified them that I have made this change.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date Signature Date

**WWW.ALTRA.ORG**

Visit our website for Altra Rates and complete Products & Services information.

**CONTACT ALTRA**

For questions about this form, please contact a friendly Altra member services representative.

Phone: 608-787-4500 / Toll-free 800-755-0055, Mon-Fri, 7:30 am-6 pm (Central Time)

Email: info@altra.org

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. *What this means for you:* When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

**ALTRA**  
USE ONLY PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MECH**

**CHEX** YEAR \_\_\_\_\_ STATE \_\_\_\_\_  
YEAR \_\_\_\_\_ STATE \_\_\_\_\_

**CREDIT SCORE** \_\_\_\_\_