

1700 Oak Forest Drive • Onalaska, WI 54650 800-755-0055 • 608-787-4500 www.altra.org

Retail Account Change Form

SUBSEQUENT ACTIONS		
I/We authorize the Credit Union to make and accept the following changes to my/our accounts:		
TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)		
If mailing or faxing, all parties must include a current copy of their ID.		
OWNERSHIP INFORMATION CI		
Member/Owner:	Member No:	
New Name if Changed:	SSN/TIN:	
Mailing Address:	Driver's Lic. No:	
City/State/Zip:	Driver's Lic. Issue Date:	
Home Phone: Cell Phone:	Driver's Lic. Exp Date:	
Work Phone:	Date of Birth:	
Employer:	E-mail:	
Occupation:		
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. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.		
Joint Owner:	SSN/TIN:	
New Name if Changed:	Driver's Lic. No:	
Mailing Address:	Date of Birth:	
City/State/Zip:	Driver's Lic. Issue Date:	
Home Phone: Cell Phone:	Driver's Lic. Exp Date:	
Work Phone:	E-mail:	
Employer:	Occupation:	
Add Remove		
Joint Owner:	SSN/TIN:	
New Name if Changed:	Driver's Lic. No:	
Mailing Address:	Date of Birth:	
City/State/Zip:	Driver's Lic. Issue Date:	
Home Phone: Cell Phone:	Driver's Lic. Exp Date:	
Work Phone:	E-mail:	
Employer:	Occupation:	
Joint Owner:	SSN/TIN:	
New Name if Changed:	Driver's Lic. No:	
Mailing Address:	Date of Birth:	
City/State/Zip:	Driver's Lic. Issue Date:	
Home Phone: Cell Phone:	Driver's Lic. Exp Date:	
Work Phone:	E-mail:	
Employer:	Occupation:	
Add Remove		
Joint Owner:	SSN/TIN:	
New Name if Changed:	Driver's Lic. No:	
Mailing Address:	Date of Birth:	
City/State/Zip:	Driver's Lic. Issue Date:	
Home Phone: Cell Phone:	Driver's Lic. Exp Date:	
Work Phone:	E-mail:	
Employer:	Occupation:	
Add Remove		
Joint Owner:	SSN/TIN:	
New Name if Changed:	Driver's Lic. No:	
Mailing Address:	Date of Birth:	
City/State/Zip:	Driver's Lic. Issue Date:	
Home Phone: Cell Phone:	Driver's Lic. Exp Date:	
Work Phone:	E-mail:	
Employer:	Occupation:	

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Add Remove		
Joint Owner:		SSN/TIN:
New Name if Changed:		Driver's Lic. No:
Mailing Address:		Date of Birth:
City/State/Zip:		Driver's Lic. Issue Date:
Home Phone: Cell Phone:		Driver's Lic. Exp Date:
Work Phone:		E-mail:
Employer:		Occupation:
ACCOUNT(S) TO CHANGE OR ADD		
Savings:	Money Mai	
Special Savings:	Deposit Ac	
Checking:	Deposit Ac	count:
Certificate:	Deposit Ac	.count:
Certificate:	Deposit Ac	count:
AUTH I/We agree that the changes on this Card amend the previously signed Ac	ORIZATION	
time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure.		
Signature Date	Signature	Date
X	X	
Signature Date	Signature	Date
X	X	
Signature Date	Signature	Date
X	X	
Signature Date		
X		
FOR CREDIT UNION USE ONLY		
Employee info:		
Comments:		