



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 CHANGES

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.

<input type="checkbox"/> Add <input type="checkbox"/> 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:

<input type="checkbox"/> Add <input type="checkbox"/> 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

<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Club Savings: _____	<input type="checkbox"/> High Rate Savings: _____
<input type="checkbox"/> Checking: _____	<input type="checkbox"/> Deposit Account: _____
<input type="checkbox"/> Certificate: _____	<input type="checkbox"/> Deposit Account: _____
<input type="checkbox"/> Certificate: _____	<input type="checkbox"/> Deposit Account: _____

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and 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 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
X	

Signature	Date
X	

Signature	Date
X	

Signature	Date
X	

FOR CREDIT UNION USE ONLY

Employee info: _____
 Comments: _____

