

U-Haul Federal Credit Union

ACCOUNT CHANGE CARD

PO Box 21506
 Phoenix, AZ 85036
 Phone: 602-263-6655
 Fax: 602-263-2296
 www.uhaulfedcu.com

NAME OF PRIMARY OWNER	DATE
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I would like to make the changes to my existing account(s) as designated below.

Share Savings Christmas Club Savings Sub savings Checking SSA Share Certificate with the following term: ___ months ___ months ___ months IRA Savings IRA Certificate with the following term: ___ months ___ months ___ months Please provide a Debit card for me and any joint owners or authorized user(s) I designate below.	Credit Union Use Only: Member No. _____ Account No. _____
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DESIGNATIONS/INSTRUCTIONS:

Please add the following new	Joint Owner	Beneficiary	(Designation 1)	
Please add the following new	Joint Owner	Beneficiary	(Designation 2)	
Please remove _____ as a	Joint Owner	Beneficiary	Authorized User to the above designated account(s).	
Please remove _____ as a	Joint Owner	Beneficiary	Authorized User to the above designated account(s).	

DESIGNATION 1:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)			APT/UNIT #	CITY STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH		
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

DESIGNATION 2:

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY #	MOTHER'S MAIDEN NAME
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)			APT/UNIT #	CITY STATE ZIP
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	DATE OF BIRTH		
I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: Government-issued ID Card, No. _____, State: _____ U.S. Military ID Card, No. _____ U.S. Passport, No. _____ Permanent Resident Card, No. _____ Other, Describe: _____				
HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER	HOME E-MAIL ADDRESS	WORK E-MAIL ADDRESS

ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

Debit/Check Card attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
Additional Card for Joint Owner.

Voice Teller is available to all members by phoning (800) 201-2718.

Virtual Branch is available by logging on to our website and following the instructions.

OVERDRAFTS

Please tell us how you would like overdrafts to be treated by completing the following:
(You must complete BOTH this section and the separate "What You Need to Know about Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See "What You Need to Know About Overdrafts and Overdraft Fees".)

Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account as follows:

(indicate the order you would like funds transferred by placing 1 for first choice, 2 for second choice, etc. If there are not sufficient available funds in your first choice, then funds will be transferred from your second choice, etc.):

_____ Share Savings Account

_____ Line of Credit

I will not be charged a fee for this service.

No thanks; I will use your standard overdraft practices.

2. **Standard Overdraft Practices.** Please complete the "What You Need to Know About Overdrafts and Overdraft Fees" document.

AUTHORIZED SIGNATURES

I agree that the changes on this Account Change Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, and to any amendments made thereto.

All owners agree to hold the Credit Union harmless for any action regarding account access. The removed joint account owner(s) relinquishes all ownership interests in the above account(s). I understand that by signing this form it does not release me from any obligations of monies owed as a result of items in process, such as outstanding Credit Purchases, ACH, Point of Sale transactions, or personal checks that I have initiated.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print) DATE
X