



**Send completed form and include a copy of your Driver's License or Government Issued Photo ID.**

Please allow 2-3 days for processing. To request confirmation of receipt, please Sign In Online Banking and send us a message.

**Send Completed Form To:** (Select One)

MAIL: REALTORS® Federal Credit Union | 9707 Key West Ave. #201 | Rockville, MD 20850

FAX: 301.355.6845

SCAN: 1) Scan & Save 2) Sign In Online Banking 3) Click Documents Tab 4) Upload Document  
5) Click Message Tab to Send Us a Message That Your Document Is Ready

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.)

- Member/Owner Information  NAME CHANGE (Include ID and Certified Court Document)
- Joint Owner(s) Information  ADD  NAME CHANGE (Include IDs | Certified Court Document If Name Change)
- Other  ADD  CHANGE  REMOVE (Include Member's ID and Convenience Signer's ID)
- POD/Trust Beneficiary  ADD  CHANGE  REMOVE (Include Member's ID Only)

**OWNERSHIP INFORMATION CHANGES**

Member/Owner	Member No	SSN/TIN	Driver's Lic./ID # (Attach copy of ID)
Street		City/State/Zip	
( ) -	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	( ) -	
Home Phone		Work Phone	
/ /			
Date of Birth		E-mail	Password
Employer		Employer Address	

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	Driver's Lic./ID # (Attach copy of ID)
Street		City/State/Zip
( ) -	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	( ) -
Home Phone		Work Phone
/ /		
Date of Birth		E-mail
		Password

Your savings federally insured to at least \$250,000  
and backed by the full faith and credit of the United States Government

**NCUA**  
National Credit Union Administration, a U.S. Government Agency



# Account Change Card

Joint Owner \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Driver's Lic./ID # (Attach copy of ID) \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

( ) -  Listed  Unlisted ( ) - \_\_\_\_\_

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

/ / \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_ Password \_\_\_\_\_

## ACCOUNT DESIGNATIONS

Payable on Death (POD)

Beneficiary/POD Payee \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Convenience Account

Print Name of Convenience Person \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Other: \_\_\_\_\_  See Account Authorization Card

## 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 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

### FOR CREDIT UNION USE ONLY

See Account Authorization Card

See Insurance Beneficiary Election

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

Credit Report  Check Verify  PIN Request  Access Card  myAccounts Online

