

Credit Union of Ohio, Inc.

5500 Britton Parkway
 Hilliard, OH 43026
 (614) 487-6650 FAX (614) 487-6659

Account Change Form

MEMBER VERIFICATION _____	MEMBER NUMBER _____	EFFECTIVE DATE _____
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<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> ADD BENEFICIARY	<input type="checkbox"/> REMOVE BENEFICIARY	<input type="checkbox"/> NAME CHANGE – <i>JOINT OWNER</i>
<input type="checkbox"/> ADD JOINT OWNER	<input type="checkbox"/> REMOVE JOINT OWNER	<input type="checkbox"/> ADD CLUB ACCOUNT	<input type="checkbox"/> ADD CHECKING ACCOUNT
<input type="checkbox"/> NAME CHANGE – <i>PRIMARY ACCOUNT HOLDER</i> <input type="checkbox"/> OTHER _____			

PRIMARY NAME _____			
PHYSICAL ADDRESS _____	CITY _____	STATE _____	ZIP _____
MAILING ADDRESS (IF DIFFERENT) _____	CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____	CELL PHONE _____	HOME PHONE _____	WORK PHONE _____

New Joint Owner

NAME _____	S.S. # _____	DOB _____	DRIVER'S LICENSE NO./STATE _____
STREET _____	CITY _____	STATE _____ ZIP _____	EMPLOYER _____ MOTHER'S MAIDEN NAME _____
EMAIL ADDRESS _____	CELL PHONE _____	HOME PHONE _____	WORK PHONE _____
NAME _____	S.S. # _____	DOB _____	DRIVER'S LICENSE NO./STATE _____
STREET _____	CITY _____	STATE _____ ZIP _____	EMPLOYER _____ MOTHER'S MAIDEN NAME _____
EMAIL ADDRESS _____	CELL PHONE _____	HOME PHONE _____	WORK PHONE _____

Account Beneficiary Change Designation

BENEFICIARY NAME _____	ADDRESS _____	RELATIONSHIP _____	DOB _____	PH. NO. _____
BENEFICIARY NAME _____	ADDRESS _____	RELATIONSHIP _____	DOB _____	PH. NO. _____

Removed Joint Owner

NAME _____	DRIVER'S LICENSE NO./STATE _____
NAME _____	DRIVER'S LICENSE NO./STATE _____

Signatures

You hereby authorize Credit Union of Ohio, Inc. to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). If You are designating an authorized signer, You understand that unless We receive written instructions to the contrary, such individuals are authorized to deposit and withdraw funds from each Account designated herein and transact any other business related to such Accounts now or in the future, and We are further authorized to pay out funds and/or transact any other business related to such Accounts with any one of those individuals. Your signature below is Your continuing authorization for Credit Union of Ohio, Inc. to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

If You are removing Yourself as a joint owner of the Account named herein, You acknowledge that such removal will not become effective unless and until all Account owners of record have agreed by affixing their signature herein. It is understood that such removal will only apply to said Account.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ Primary Owner Signature	_____ Date	_____ Joint Owner Signature	_____ Date
_____ Joint Owner Signature	_____ Date		

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from FATCA reporting.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.