



**Member Information Update and Change of Address**

**Subsequent Actions**

I hereby grant permission to VBPCU to make and accept the following changes to my accounts.  
**Type of Change** (please indicate the type of change and complete only the information that affects the change.)  
 Member/Owner Information \_\_\_ Account Type/Services \_\_\_ POD Payee \_\_\_

**Ownership Information Changes**

Account Owner/Address Information \_\_\_\_\_ Member Account #: \_\_\_\_\_

Member Name: \* \_\_\_\_\_  
 Address: \*\* \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Name Changes require completion of a new signature card. \*\* P.O. Box mailing address requires your physical address as well.

**Account Designations**

Payable on Death Designation Add \_\_\_ Change \_\_\_ Remove \_\_\_  
 All Accounts \_\_\_ Specific Sub-accounts \_\_\_\_\_

Payee 1: _____	Payee 2: _____
Address: _____	Address: _____
City,St, Zip: _____	City,St, Zip: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

**Account Services**

Credit Union Accounts Add \_\_\_ Remove \_\_\_  
 Share Draft/Checking \_\_\_ Christmas Club \_\_\_ Club 1 \_\_\_ Club 2 \_\_\_ IRA \_\_\_

Product and Services  
 Debit Card \_\_\_ Voice Response Teller (VRT) \_\_\_ Home Banking \_\_\_ Overdraft Protection \_\_\_

**Authorization**

I 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, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

I further understand that VBPCU may not act on this request immediately if further information is needed.

\_\_\_\_\_  
 Primary Member Signature

\_\_\_\_\_  
 Date

Instructions: Please fax, mail or bring this form to our office.

501-A Viking Drive, Virginia Beach, VA 23452 | 757.340.9781 | Fax 757.340.1213 | www.vbpcu.org



Federal Insured by the NCUA