



**ACCOUNT NUMBER CHANGE AUTHORIZATION FORM**

Current Membership #: \_\_\_\_\_ Requesting Branch: \_\_\_\_\_

1. I understand that changing my member number ("account number") is permanent. Once my account number has been changed, I may not request to change it back to the former account number.
2. I understand that all current account owners and pay-on-death beneficiaries (as reflected on the most recent account Signature Card on file) will remain in effect and will be transferred to the new account number.
3. I understand that I may be required to complete and sign a new signature card, along with all other account owners.
4. The Credit Union will notify me that my new account number has been established and provide me with the new account number. My preferred method of contact is:  
Encrypted Email:  Phone:  Mail:
5. Billp@yer Account?  Yes  No  
If I am an active Billp@yer user, I understand that I do not need to establish a new Billp@yer account because it will automatically be transferred to the new account within two (2) business days.
6. I agree to reset my CU.online Username and Password immediately as an added security measure.
7. If I have a recurring automatic ACH Debit and/or Direct Deposit (ACH Credit), it is my responsibility to provide my new account number to the originator.
8. If I have written checks that to-date have not been paid under my existing account number, I understand that they may be returned "Unable to Locate" unless other arrangements are made. This includes pre-authorized ACH debit items. For the next 30 calendar days, the outstanding items listed below should be paid from the new account: *(For more space, attach a separate page and mark this box )*

Check # or ACH Debit	Amount	Check # or ACH Debit	Amount	Check # or ACH Debit	Amount

9. Below is a list of my current Direct Deposit(s) to credit to the new account number for the next 30-calendar days:

Direct Deposit	Amount	Direct Deposit	Amount	Direct Deposit	Amount

**First500 Savings Account Owner:**

I agree to the above terms and conditions and authorize the Credit Union to change my account number.

Primary Member: \_\_\_\_\_  
Print Name
Signature
Date

Daytime Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



**FOR OFFICE USE ONLY:**

**DAY 1**

Process Completed By: Initials \_\_\_\_\_ User # \_\_\_\_\_ Date \_\_\_\_\_

- Current valid ID on file - Member verified
- Legible signature card on file -OR-  New updated signature card obtained
- Member data updated in system (address, email, phone number)
- Certification of Trust – completed if not already on file for Trust accounts

**Reviewed by Manager / Supervisor:**

Signature: \_\_\_\_\_ User # \_\_\_\_\_ Date: \_\_\_\_\_

**DAY 2**

Process Completed By: Initials \_\_\_\_\_ User # \_\_\_\_\_ Date \_\_\_\_\_

- New Account Number :** \_\_\_\_\_
- Member contacted about new account number
- Confirmed CU.online Username and Password reset