

Member Service Agreement Change, Addition or Closure Form



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Please use this form to make a change or addition to, or to close an account or terminate a service at Ashland Credit Union.

To make a change or addition to your account(s) or services (or to close an account or terminate a service), first complete **SECTION 1a** with your name and information. • In **SECTION 1b** let us know if the requested change, addition or closure applies to all or just one account or service (or explain your request in "Other"). • To add a new owner to an account complete the information in **SECTION 2a**. To remove an owner from an account complete the information in **SECTION 2b**. • To add a beneficiary to an account complete the information in **SECTION 3a**. To remove a beneficiary from an account complete the information in **SECTION 3b**. • To close an account, select the account to be closed in **SECTION 4**. • To add a service, select the service to be added in **SECTION 5a**. To terminate a service, select the service to be terminated in **SECTION 5b**. • Sign your name in **SECTION 6** and return this form to us. If you are adding an owner to an account, have the new owner sign in **SECTION 6** as well. Should you have any questions adding or removing an owner or beneficiary, adding or closing an account, or adding or terminating a service, please contact us during business hours and we will be happy to assist you.

SECTION 1a OWNER INFORMATION (Your ownership information) 1a

Owner Name (Your Name) _____ Account/Member Number _____ Social Security Number _____ Date of Birth _____

SECTION 1b THE REQUESTED CHANGE, ADDITION OR CLOSURE APPLIES TO: 1b

All Accounts and Services Account _____ A Service _____ Other _____

SECTION 2a ADD AN OWNER 2a

Name of Owner to be Added _____ Address (Physical Address Required) _____ City _____ State _____ ZIP _____
 Cell Phone _____ Home Phone _____ Mailing Address (If different from physical address) _____ City _____ State _____ ZIP _____
 E-mail _____ Social Security Number _____ Date of Birth _____ Mother's Maiden Name/Security Phrase _____
 Employer _____ Work Phone _____ Driver's License - State, Number _____ Issue Date _____ Exp. Date _____

SECTION 2b REMOVE AN OWNER 2b

Name of Owner to be Removed _____ Social Security Number _____ Date of Birth _____

SECTION 3a ADD BENEFICIARY(S)/PAYABLE ON DEATH PAYEE(S) 3a

Beneficiary/POD Payee 1 Name to be Added _____ Relationship _____ Beneficiary/POD Payee 2 to be Added _____ Relationship _____
 Beneficiary/POD Payee 3 Name to be Added _____ Relationship _____ Beneficiary/POD Payee 4 Name to be Added _____ Relationship _____

SECTION 3b REMOVE BENEFICIARY(S)/PAYABLE ON DEATH PAYEE(S) 3b

Beneficiary/POD Payee 1 Name to be Removed _____ Relationship _____ Beneficiary/POD Payee 2 to be Added _____ Relationship _____
 Beneficiary/POD Payee 3 Name to be Removed _____ Relationship _____ Beneficiary/POD Payee 4 Name to be Added _____ Relationship _____

SECTION 4 CLOSE ACCOUNT(S) 4

Checking Money Market Christmas Club Vacation Club Certificate Builder Visa Builder Certificate
 Savings *Original Savings account can only be closed by Owner 1 (the CU member)*

SECTION 5a ADD SERVICE(S) (*service requires a checking account) 5a

Payroll Deduction/Direct Deposit ATM/Debit Card* Overdraft Service* Pay Overdrafts for Debit/ATM*

SECTION 5b TERMINATE SERVICE(S) (*service requires a checking account) 5b

Payroll Deduction/Direct Deposit ATM/Debit Card* Overdraft Service* Pay Overdrafts for Debit/ATM*

SECTION 6 SIGNATURES 6

 Owner 1 Signature (Your Signature) Date

 Added Owner Signature (Not necessary if removing an owner) Date

Questions? Let us help. 800-245-8112