

# 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**