



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 ___ Home Banking ___ Bill Payment ___ Mobile 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.vbpfcu.org



Federally Insured by the NCUA

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