



Member Information Update and Change of Address

Subsequent Actions

I hereby grant permission to VBPFUCU 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 VBPFUCU 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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