

Member Account Service Request



Please indicate reason for request (check all that applies):

- Change Address (complete section(s) 1, 7)
- Change Beneficiary for existing account(s) (complete section(s) 1, 4, 7)
- Name change (complete section(s) 1, 2, 7)
- Add/Remove/Change Account Code Word (complete section(s) 1, 3, 7)
- Close Share Account(s) or redeem CD (complete section(s) 1, 5, 7)
- Terminate loan/VISA credit limits (complete section(s) 1, 6, 7)

1. Current Primary Member Information

Check here if updating address, phone number, and/or email address

Primary	PRINT NAME		SSN/TIN	PHONE	DATE OF BIRTH	
	EMAIL ADDRESS		MOTHER'S MAIDEN NAME		CELL PHONE	
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE ISSUED	ID TYPE	
Joint 1	PRINT NAME		SSN/TIN	PHONE	DATE OF BIRTH	
	EMAIL ADDRESS		MOTHER'S MAIDEN NAME		CELL PHONE	
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE ISSUED	ID TYPE	
Joint 2	PRINT NAME		SSN/TIN	PHONE	DATE OF BIRTH	
	EMAIL ADDRESS		MOTHER'S MAIDEN NAME		CELL PHONE	
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DATE	STATE ISSUED	ID TYPE	

2. Complete this section to change your name (Also complete section 1)

- In order for this request to be processed, you must provide a valid State Picture ID showing proof of the new name.
- SnoCope Credit Union will reissue your ATM/Debit and/or Visa credit card(s) imprinted with your new name. Please allow up to 14 days for your new card(s) to arrive.

FORMER NAME	NEW NAME
DOCUMENTATION PROVIDED OR PREVIOUS VALID PICTURE ID NUMBER	NEW VALID PICTURE ID NUMBER

3. Complete this section if adding/removing/changing Account Code Word

Check one: ADD REMOVE CHANGE

OLD CODE WORD	NEW CODE WORD
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4. Complete this section to designate Beneficiaries. Adding a Beneficiary here will replace any existing. (Not Valid for IRA Accounts)

Beneficiary 1	PRINT NAME	ADD	REMOVE	UPDATE CONTACT INFORMATION	SSN	PHONE	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
Beneficiary 2	PRINT NAME	ADD	REMOVE	UPDATE CONTACT INFORMATION	SSN	PHONE	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	

5. Complete this section to close your SnoCope Deposit Account(s). This request will:

(Not Valid for IRA Accounts)

1. Cancel all ATM/Debit cards assigned to this account
2. Suspend your ability to advance on your Line of Credit (unless you maintain a checking account)
3. NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your responsibility to cancel such transactions)
4. Result in any items presented for negotiation after the date of closure to be dishonored and returned "Account Closed".
5. If a CD account is selected for closure or early redemption, you understand that the penalty stated below will be deducted from your total withdrawal amount.

Indicated deposit account number(s)

All Accounts or Account(s): _____

Effective Date: _____

Indicate disposition of balance:

Transfer balance to my SnoCope Credit Union Account: _____

Issue Check Mail balance to the following address: _____

CD Penalty Amount: \$ _____ Net Withdrawal: \$ _____

Indicate reasons for closure

- Competition Rates Products and Service Selection Other: _____
 Fees Member Service
 Fraud/Compromise Inconvenient Access Channels

6. Complete this section to request the termination of applicable credit limits of your SnoCope Credit Union Loan Plans and or VISA, Personal Line of Credit, Home Equity Line of Credit.

- VISA Personal Line of Credit Home Equity Line of Credit
 Individual Open-end Lending Plan Joint Open-end Lending Plan(s)

Indicate reasons for closure

- Competition Rates Products and Service Selection Other: _____
 Fees Member Service
 Fraud/Compromise Inconvenient Access Channels

7. Agreements and Signatures

By signing below you, the primary account-holder(s), acknowledge and agree: (1) that the information you provide is accurate, complete, and true and that we may rely on such information in our dealings with you now and in the future, (2) that we may accept any order and instruction regarding the account(s) and any request for future services from the Primary or joint account-holder(s) without the consent of or notice to the other account holder(s); (3) that SnoCope Credit Union may receive information about your credit history and performance from other, including credit reporting agencies; (4) to the terms and conditions contained in this Member Account Service Request and any previously executed membership application or enrollment form and in the Membership and SnoCope Credit Union Account Agreement and Account Disclosure, all as amended to date, all of which you have reviewed and will retain for your records; (6) by providing your e-mail address, you agree that SnoCope Credit Union may send marketing information regarding products and services to you electronically; and (7) you agree to the terms and conditions contained in our Electronic Communications Disclosure, which you have reviewed and will retain for your records; (8) if you instruct SnoCope Credit Union to close and terminate your account that we will dispense funds, less any obligations owed to SnoCope Credit Union by any account holder(s), in accordance with your direction indicated above, or we will mail to the primary member such funds in the account. Additionally, if you, the Primary member and each Co-Borrower, request the termination of the applicable credit limit on the Loan Account(s) and the open-end member lending plan(s) selected in Section 6 you understand that your obligations under the loan agreement(s), including any amounts owed, up to the date of removal.

PRIMARY MEMBER SIGNATURE	DATE
1 ST JOINT ACCOUNT HOLDER SIGNATURE	DATE
2 ND JOINT ACCOUNT HOLDER SIGNATURE	DATE

OFFICE USE

TELLER INITIALS _____ DATE _____ REC'D _____ ID: _____ SSN SEARCH _____ MRP # _____

Member Number	Visa Debit Card	IRA	Visa Credit (Loan Dept.)	Liberty	Email/Estmts/Bill Pay	Mortgage