

Account Modification Form



For existing members only: This form is designed to help us process changes to your existing Credit Union account(s) and to provide the additional services you request. Return this completed application and any applicable funds/deposit(s) to Coca-Cola Federal Credit Union or mail to: P.O. Box 1734, Atlanta, Georgia 30301. Please DO NOT mail cash. For information, please contact Member Services at 404-676-2586 or 877-277-2586.

Current Account Information	
Account Owner(s)	Member Number

Type of Change

I/We authorize the Credit Union to make and accept the following changes to my/our accounts: (Please indicate the type of change)

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| <input type="checkbox"/> Add Account/Service. Add the account/service designated under Accounts or Services.
<input type="checkbox"/> Terminate Account/Service. Terminate the account/service designated under Accounts or Services
<input type="checkbox"/> Add Account Owner. Add the following account owner on the account(s) indicated | <input type="checkbox"/> Personal Account Information Change.
<input type="checkbox"/> All Accounts <input type="checkbox"/> As designated
<input type="checkbox"/> The account(s) is a Multiple Party Account:
<input type="checkbox"/> with Rights of Survivorship <input type="checkbox"/> without Rights of Survivorship |
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Primary Owner			
Name		SSN/TIN	
Street Address		City	State Zip
Date of Birth	E-mail		Driver's License Number
Home Phone		Work Phone	Mother's Maiden Name (security code)

Joint Information			
Joint account with right of survivorship. If account owner is a minor child, a parent who is a member of Coca-Cola Federal Credit Union, must be Joint Owner.			
Joint Owner		SSN/TIN	
Street Address		City	State Zip
Date of Birth	E-mail		Driver's License Number
Home Phone		Work Phone	Mother's Maiden Name (security code)

Add Agent	Remove Account Owner
<input type="checkbox"/> Add the Following Agent	<input type="checkbox"/> Please remove the following account owner from the account(s) designated
<input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts	We understand removal of a Multiple Party Account Owner requires consent of all account owners, and we will hold the Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan account(s). Removed owner must sign on the reverse. Signatures are required and must be notarized unless witnessed by a credit union employee.

Payable-On-Death Beneficiary	
<input type="checkbox"/> Add new PODB	<input type="checkbox"/> Modify
Only the primary account owner can add or delete a beneficiary. Include a copy of appropriate identification for all new PODB (required).	<input type="checkbox"/> Remove <input type="checkbox"/> Change information <input type="checkbox"/> Change distribution % to _____% (Required - Driver's license or Passport preferred)

Beneficiary Information			
Name	Social Security #	Date of Birth	% of Distribution
Street Address (P.O. Box not permitted)		City	State Zip
Name	Social Security #	Date of Birth	% of Distribution
Street Address (P.O. Box not permitted)		City	State Zip
Name	Social Security #	Date of Birth	% of Distribution
Street Address (P.O. Box not permitted)		City	State Zip

* Notice: All beneficiaries are subject to an OFAC review before being added or prior to disbursement of funds. A Payable-On-Death Beneficiary on a joint account will not have access to account funds unless all owners are deceased. Once signed and dated, this form will supersede any previously dated form on file.

TOTAL DISTRIBUTION
(Total should add up to 100%)

Change Trustee					
<input type="checkbox"/> Add Trustee <small>(copy of trust documents and photo ID of trustee required to add new trust account)</small>			<input type="checkbox"/> Remove the Trustee named below on the following account(s) <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable <input type="checkbox"/> All accounts <input type="checkbox"/> Designate specific accounts		
Primary Owner	Street Address	City	State	Zip	
Accounts					
<input type="checkbox"/> Share/Savings		<input type="checkbox"/> Add <input type="checkbox"/> Terminate	Type		
<input type="checkbox"/> Share Draft/Checking		<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Money Market		<input type="checkbox"/> Add <input type="checkbox"/> Terminate
<input type="checkbox"/> Share Certificate		<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> IRA		<input type="checkbox"/> Add <input type="checkbox"/> Terminate
Services					
<input type="checkbox"/> Overdraft Protection		<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Savings Account#		<input type="checkbox"/> Loan CLC
<input type="checkbox"/> Visa Debit Card		Check Appropriate Box: <input type="checkbox"/> New Card <input type="checkbox"/> New Card for Joint Owner <input type="checkbox"/> Re-Order/Replacement (\$10.00 fee) <input type="checkbox"/> Request PIN #			<input type="checkbox"/> Other
Authorization					

I/We agree that the changes on this modification Form amend the previously signed Account Application and are subject to the terms and conditions of the Membership Account Agreement, Truth-in-Savings, Disclosure Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an Visa Debit Card or EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

Signature	Date	Signature	Date	Signature - removed owner	Date
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On _____, 20____, above signatory personally came before me and being duly sworn, did state that he/she is the person described in the above document and that he/she signed the above document in my presence.

Notary Signature	County of	State of	My commission expires
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OR

Credit Union Representative Witness Signature

**Signature of Removed Owner must be notarized.*

Fax: 404-598-2586 • Email: creditunion@coca-cola.com
 Mailing Address: Coca-Cola Credit Union • P.O. Box 1734 • Atlanta, Ga 30301