

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)

- | | |
|---|---|
| <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"/> The account(s) is a Multiple Party Account:
<input type="checkbox"/> with Rights of Survivorship <input type="checkbox"/> without Rights of Survivorship |
|---|---|

Primary Owner			
Name		SSN/TIN	
Street Address		City	State Zip
Date of Birth	E-mail		Driver's License Number
Home Phone Number		Work Phone Number	Mother's Maiden Name (security code)

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

Add Agent	*Remove Account Owner
<input type="checkbox"/> Add the Following Agent <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Accounts	<input type="checkbox"/> Please remove the following account owner from the account(s) designated <small>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.</small>

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

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"/> Savings		<input type="checkbox"/> Add <input type="checkbox"/> Terminate		Type	
<input type="checkbox"/> Checking		<input type="checkbox"/> Add <input type="checkbox"/> Terminate		<input type="checkbox"/> Money Market	
<input type="checkbox"/> Share Certificate		Term	<input type="checkbox"/> Add <input type="checkbox"/> Terminate		<input type="checkbox"/> IRA

Services

<input type="checkbox"/> Overdraft Protection		<input type="checkbox"/> Add <input type="checkbox"/> Savings Account# <input type="checkbox"/> Terminate		<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, 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 a 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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