



ACCOUNT SERVICES 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 service(s) you request. If a valid form of government identification is required to complete your request, please attach using the paperclips in the upper right corner. **Questions?** Contact us at 404-676-2586 or email creditunion@coca-cola.com

ACCOUNT OWNER			
Account Owner(s)		Member Number	
SSN/TIN			
Street Address		City	State Zip
Date of Birth	Email Address		Drivers License Number
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Mother's Maiden Name (security code)			

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)

- Add Account/Service:** Select the account/service you're requesting to add in the Accounts or Services sections below.
- Terminate Account/Service:** Select the account/service you're requesting to terminate in the Account or Services sections below.
- Re-Open Account:** Select the account/service you're requesting to re-open in the Account or Services sections below.

ACCOUNTS			
<input type="checkbox"/> Savings	<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Money Market	<input type="checkbox"/> Add <input type="checkbox"/> Terminate
<input type="checkbox"/> Checking	<input type="checkbox"/> Add <input type="checkbox"/> Terminate	<input type="checkbox"/> Club	<input type="checkbox"/> Add <input type="checkbox"/> Terminate
<input type="checkbox"/> Holiday	<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 Number	<input type="checkbox"/> LOC
<input type="checkbox"/> Visa Debit Card	Check Appropriate Box: <input type="checkbox"/> New Card <input type="checkbox"/> New Card for Joint Owner	Other	

If choosing to terminate your account(s), please specify the reason(s):

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 in the Membership Agreement.

Signature _____ Date _____ Signature _____ Date _____