



TRUSTEE/POWER OF ATTORNEY 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	
<input type="checkbox"/>	Add/Remove Trustee: Add Trustee info listed under Trustee below and specify chosen account(s) in the Account or Services section.
<input type="checkbox"/>	Close/Deceased Trustee Account: Identification of Trustee and Death Certificate required.
<input type="checkbox"/>	Add/Remove Power of Attorney: Add power of attorney info listed under Power of Attorney below and specify chosen account(s) in the Account or Services section.

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"/>	Close Trustee/Deceased <small>(copy of death certificate is needed to close trust account)</small>	<input type="checkbox"/> Revocable	<input type="checkbox"/> Irrevocable	<input type="checkbox"/> All accounts <input type="checkbox"/> Designate specific accounts
Trustee	Street Address	City	State	Zip

POWER OF ATTORNEY				
<input type="checkbox"/>	Add POA <small>(copy of POA documents and ID of POA required to add POA to account)</small>	<input type="checkbox"/> Remove the POA below on the following account(s)		
		<input type="checkbox"/> All accounts	<input type="checkbox"/> Designate specific accounts	
Power of Attorney	Street Address	City	State	Zip
Date of Birth	SSN/TIN			

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 _____