Member Account Service Request

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

- 0 Change Address (complete section(s) 1, 7)
- Change Beneficiary for existing account(s) (complete section(s) 1, 4, 7) o 0
- Name change (complete section(s) 1, 2, 7) 0

Current Primary Member Information

Check here if updating address, phone number, and/or email address								
Primary	PRINT NAME			5	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	5	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION DAT	TE S	STATE ISSUED	ID TYPE		
Joint 1	PRINT NAME		5	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 DAT	TE S	STATE ISSUED	ID TYPE		
Joint 2	PRINT NAME			5	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 DAT	TE S	STATE ISSUED	ID TYPE		
2	. Complete this section to change	e your name (Also com	plete section 1)	J				
•	In order for this request to be processed, yo		01					
	SnoCope Credit Union will reissue your ATM	/Debit and/or Visa credit car	d(s) imprinted with yo	our new nam	e. Please allow up to 14	days for your new card(s) to	arrive.	
FORMER	NAME		NE	EW NAME				
DOCUMENTATION PROVIDED OR PREVIOUS VALID PICTURE ID NUMBER			NE	NEW VALID PICTURE ID NUMBER				
3	. Complete this section if adding,	removing/changing A	ccount Code Wo	rd				

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

Check one: L ADD L REMOVE L CHANGE

OLD CODE WORD

NEW CODE WORD

4.	Complete this section to designate Beneficiaries. Addi	ng a Beneficiar	y here wi	ill replace any exist	ng. (Not Va	(Not Valid for IRA Accounts)	
ficiary 1	PRINT NAME ADD REMOVE UPDATE CONTACT INFORM	JPDATE CONTACT INFORMATION			PHONE	DATE OF BIRTH	
Benefi 1	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	

SnoCope Credit Union

- Add/Remove/Change Account Code Word (complete section(s) 1, 3, 7) 0
 - Close Share Account(s) or redeem CD (complete section(s) 1, 5, 7)
- Terminate loan/VISA credit limits (complete section(s) 1, 6, 7) 0

5. Complete this section to close your SnoCope Deposit Account(s). This request will:	(Not Valid fo	or IRA Accounts)				
1. Cancel all ATM/Debit cards assigned to this account						
 Suspend your ability to advance on your Line of Credit (unless you maintain a checking account) NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your reductions) 	esponsibility to cancel suc	h transactions)				
 Result in any items presented for negotiation after the date of closure to be dishonored and returned "Account Closed". 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:						
Iransfer balance to my shocope Credit Union Account:						
CD Penalty Amount: \$ Net Withdrawal: \$						
Indicate reasons for closure						
Competition Rates Products and Service Selection Other:						
Fraud/Compromise Inconvenient Access Channels						
 Complete this section to request the termination of applicable credit limits of your SnoCope Credit Union of Credit, Home Equity Line of Credit. 	h Loan Plans and or	VISA, Personal Line				
UISA Personal Line of Credit Home Equity Line of Credit						
Individual Open-end Lending Plan						
Indicate reasons for closure Competition Rates Products and Service Selection Other:						
Li Fees Li 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 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 serves a serves of the						
without the consent of or notice to the other account holder(s); (3) that SnoCope Credit Union may receive information about your credit history a	nd performance from ot	ner, including credit				
reporting agencies; (4) to the terms and conditions contained in this Member Account Service Request and any previously executed membership a Membership and SnoCope Credit Union Account Agreement and Account Disclosure, all as amended to date, all of which you have reviewed and w	vill retain for your record	s; (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) in our Electronic Communications Disclosure, which you have reviewed and will retain for your records; (8) if you instruct SnoCope Credit Union to						
dispense funds, less any obligations owed to SnoCope Credit Union by any account holder(s), in accordance with your direction indicated above, o	r we will mail to the prim	ary 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 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 ren		-end member lending				
PRIMARY MEMBER SIGNATURE	DATE					
1 ST JOINT ACCOUNT HOLDER SIGNATURE	DATE					
2 ND JOINT ACCOUNT HOLDER SIGNATURE	DATE					
OFFICE USE TELLER INITIALSDATEREC'DID:SSN SEARCH	MRP #					
Member Number Visa Debit Card IRA Visa Credit (Loan Dept.) Liberty E	mail/Estmts/Bill Pay	Mortgage				