



Teller # _____

Membership Change Form

Member Name _____ Member # _____
(First, MI, Last)

Name Change Contact Information Change Deleting Joint Owner Account Conversion

Name Change Requested: (Required) Send third party documentation as proof of name change; Driver's License, Marriage/Divorce Certificate, etc.

I authorize Connexus Credit Union to change all my records and accounts as follows:

Name as it now appears on the account (please print): _____

New Name (please print) _____

Member Signature (with prior name) authorizing change: _____
(Also complete Final Signature section with new name.)

Contact Information: (also complete Final Signature section)

I authorize Connexus Credit Union to change all my records and accounts as follows:

Address as it now appears on the account: _____

Temporary address from _____ to _____

New Residential Address: _____
(Street) (City, State, Zip)

New Mailing Address: _____
(Street) (City, State, Zip)

New Phone Number(s): Home: _____ Cell: _____ Business: _____

New Email Address: _____

Deleting Joint Owners: (Remaining account owner must be eligible for membership & complete Final Signature section)

SIGNATURE(S) OF JOINT OWNER(S) AUTHORIZES REMOVAL FROM ACCOUNT OWNERSHIP. ALL ACCOUNT OWNERS MUST SIGN.

Delete Joint Owner(s) or Custodian from existing membership number: All Accounts or List Acct #'s _____

Print Name of Released Joint Owner (#1) (First, MI, Last)

Print Name of Released Joint Owner (#2) (First, MI, Last)

Signature of Released Joint Owner (#1) Date

Signature of Released Joint Owner (#2) Date

FINAL SIGNATURE REQUIRED FOR ANY CHANGES BEING MADE OVER

Account Conversion: (complete Final Signature section)

Convert my checking account as follows:

Convert From:

- Innovative
- My Rewards
- Xtraordinary
- Platinum
- Ultimate

Convert To:

- Innovative
- My Rewards
- Xtraordinary

I/We hereby authorize the credit union to convert my account type for me/us. I/We have read and understand the disclosures of the new account and agree to the terms and conditions.

If I have selected the MyRewards program, I understand that in order to earn rewards, I must complete each month: ten (10) Connexus Visa Check Card (credit) transactions clear my account by the last business day of each month; have at least one (1) electronic deposit or withdrawal posted by the last business day of the month; and elect electronic statements via Online Banking. If these conditions are not met, I will not earn rewards including the higher dividend rate and surcharge rebates.

If I have selected the Xtraordinary program, I understand that in order to earn rewards, I must complete each month: fifteen (15) Connexus Visa Check Card (credit) transactions clear my account by the last business day of each month; have at least one (1) electronic deposit posted and one (1) third party Bill Pay debit posted by the last business day of each month; and elect electronic statements via Online Banking. If these conditions are not met, I will not earn rewards including the higher dividend rate and surcharge rebates.

***Final Signature:** (Required for any changes being requested on this form.)

I/We authorize the action identified on this form and agree to all terms and conditions of the account.

(Primary Member Signature)

(Date)

(Joint Owner (#1) Signature)

(Date)

(Joint Owner (#2) Signature)

(Date)

(Joint Owner (#3) Signature)

(Date)

Please mail this form to: PO BOX 8026 WAUSAU WI 54402 or fax to: 715-870-2699

CU USE ONLY	
System updated by: Initials _____ Date _____	Account Disclosure Provided: Initials _____ Date _____
System, Account Disclosure and ID Verification verified by _____ Remove plastics for deleted owners _____	