



SERVICE REQUEST FORM

Member Name _____ Member Number _____
I authorize the Credit Union to make and accept the following changes to my Account:

ADDRESS CHANGE

Street _____ Home Phone _____
City _____ State _____ Zip _____ Email _____

ACCOUNT CLOSE REQUEST

I request my Account be Closed and mailed to: [] Address of Record [] Coop

ACCOUNT OWNERSHIP

[] Add Joint [] Add Beneficiary

Name _____ Social Security _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____

Name _____ Social Security _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____

[] Remove Joint [] Remove Beneficiary All owners of this account agree to removal of the following:

Name _____ Name _____

Name _____ Name _____

ALL OWNERS INCLUDING JOINT OWNER BEING REMOVED MUST SIGN AUTHORIZATION AT BOTTOM OF THIS FORM.
Joint Owner: Removal of a Joint Account Owner requires consent of all owners, and we will hold the Credit Union harmless for actions regarding account access. The removed joint account owner relinquishes ownership interest including any membership share in the accounts set forth above. This relinquishment does not affect my obligation to any loan accounts.

LOAN PAYMENT SKIP REQUEST (\$20 Fee per Loan) Regular Pymt per Loan Plan and Interest Charges still accrue on daily basis. Fee may NOT be added to Loan, and COOP Payroll Deduction schedule will NOT be interrupted. I request my Loan Payment be skipped 1 month and added to end of Loan Term for Loan(s): _____

LOAN PAYMENT ACH REQUEST (\$20 Setup Fee per Mbr Acct for Transfer Between Financial Institutions)

I hereby authorize Energize Credit Union, hereinafter called ECU, to initiate, at the member's request, Debit (deposit to ECU account) entries to make my Loan Payments indicated below and the depository financial institution named below, and credit and/or debit the same to such account. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in effect until ECU has received written notification from me of termination in such time and manner as to afford ECU a reasonable opportunity to act on it.

Financial Institution Name _____

City _____ State _____ Zip _____ Phone # _____

Routing No. _____ Savings # _____ Checking # _____

Recur Transfer \$ _____, Beginning 25th of _____ (Debit every 30 Days)

AUTHORIZATION

(This section must be signed by all parties before changes can be made effective.)

I/We agree that the changes on this form amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 an access 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 _____ Date _____ Signature _____ Date _____