

Account Ownership Change Form



Member Name

Account Number	Email
Address	City St Zip
Daytime Phone	Evening Phone

I/We authorize Infinity Credit Union to make and accept the following change to my/our account.

<p>Please Select: <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Joint Owner</p> <p><input type="checkbox"/> Trustee <input type="checkbox"/> Power of Attorney</p>	<p>Please Select: <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete</p> <p><input type="checkbox"/> Joint Owner</p> <p><input type="checkbox"/> Trustee <input type="checkbox"/> Power of Attorney</p>
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Name	Name
Address	Address
Social Security # Birthdate	Social Security # Birthdate
Driver's License Issuing State	Driver's License Issuing State
Date Issued Expiration	Date Issued Expiration
Email Address	Email Address
Daytime Phone	Daytime Phone

Please read before signing: I/We also authorize Infinity Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. Applicants shall be deemed to have agreed to and accept the terms and conditions of this agreement. I/We agree that the changes on this card are subject to the terms and conditions set forth in the TIS Account Disclosure and the original Account Signature Card. I/We also acknowledge receiving a copy of the TIS Account Disclosure.

<p>x</p> <p>Signature Date</p>	<p>x</p> <p>Signature Date</p>
<p>x</p> <p>Signature Date</p>	<p>x</p> <p>Signature Date</p>

Please email completed form to operations@infinitycu.com

Office Use Only

Updated by	Verification	Date
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202 Larrabee Rd Westbrook, ME 04092
(207) 854 – 6000 or (800) 499-8401 or email operations@infinitycu.com