



HONOLULU POLICE
 FEDERAL CREDIT UNION
 1537 Young Street, 3rd Floor
 Honolulu, HI 96826
 (808) 973-4311 WWW.HPFUCU.COM

ACCOUNT CHANGE CARD

SUBSEQUENT ACTIONS

I/We authorize the credit union to make and accept the following changes to my/our accounts:
TYPE OF CHANGE (Please indicate the type of change and complete only the information that affects the change.)

Member/Owner Information <input type="checkbox"/> CHANGE	Joint Owner(s) Information <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE
Agent <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	POD/Trust Beneficiary <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE
Other <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	Account Type/Services <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. <input type="text"/>
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone _____	Date of Birth _____
Work Phone _____	Password _____
Cell Phone _____	Employment _____
Eligibility _____	E-mail _____

The account(s) is a Joint with Survivorship without Survivorship
Joint Owner: If required by the credit union, 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(s) relinquishes ownership interest including any membership share in the account(s) set forth in the "ACCOUNT TYPE" section. This relinquishment does not affect my/our obligation on any loan accounts.

Joint Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Password _____
Work Phone _____	Cell Phone _____
Eligibility _____	Employment _____

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Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone _____	Password _____
Work Phone _____	Cell Phone _____
Eligibility _____	Employment _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____

Agency Print name of Agent _____ (date) _____
 Signature _____

Other _____ See Account Authorization Card

ACCOUNT TYPE

ACCOUNT SERVICES

<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Overdraft Protection (Indicate transfer priority); _____
<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> ATM <input type="checkbox"/> Debit Card
<input type="checkbox"/> Share Certificate/Certificate	<input type="checkbox"/> Audio Response <input type="checkbox"/> PC Access/Internet Banking
<input type="checkbox"/> Money Market	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

AUTHORIZATION

I/We agree that the changes on the Card amend the previously signed Account Card and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 agreement and disclosures applicable to the accounts and services requested. 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 and Disclosure.

X _____	Date _____	X _____	Date _____
Signature		Signature	
X _____	Date _____	X _____	Date _____
Signature		Signature	

FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card

Date of Change _____ Processed by 0 Member Verification _____

Credit Report Check Verify Pin Request

Access (ATM/Debit) Card Audio Response PC/Access/Internet Banking