

P.O. Box 1071 | Poughkeepsie, NY | 12602-1071 845.463.3011 | hvcu.org

Member	Number:		

CHANGE MEMBER APPLICATION				
First Name	Middle Initial	Last Name	Social Security Number	
		NAME CHANGE		
	Verification must be	provided (i.e.: driver's license, marr	iage license, etc.)	
			ange to:	
If you currently have	an HVCU ATM/Visa Check ca	rd or credit card, a new card will be issue	ed in your new name.	
Signature				
	Al	DD/CHANGE PASSCODE INFOR	RMATION	
Required for security				
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
Signature			Date	
		OVERDRAFT COVERAGE AGR	EEMENT	
☐ Change ☐ Cancel - ☐ ☐ I/We authorize and second to c ☐ If coverage is authorized authorized is authorized.	ome from Share ID/Loan ID orized to come from my/our I zed to come from my/our sav	first from Share ID/Loan ID: Readi-Cash Line of Credit first, then	my/our second choice must be a savings account. If nd choice must be my/our Readi-Cash Line of Credit (if	
	DES	IGNATION OF SUCCESSOR CU	STODIAN	
(Name of Successor Cus	stodian)	, the current Custodian for	ssor Custodian of the property now held by	
(Name of Custodian) a minor, under the	New York Uniform Transfer	`	of Minor)	
			es, becomes incapacitated or is removed. This is not a persedes all previous instructions provided to HVCU.	
Signature of Custoo	dian		Date	
Witness Signature,	other than successor Custodi	an	Date	