QUALSTAR CREDIT UNION

Account Change Form

Please print or type. All relevant fields must be completed.
Be sure to sign below before submitting.

Member Name _____ **Social Security Number (SSN)** _____

Any changes indicated below will be in effect for all accounts with the above member listed as the primary account owner (with the exception of adding/removing beneficiaries.)

Change Address/Phone/E-Mail/Code Word

NEW Street Address _____ City/State/Zip _____

NEW Mailing Address _____ City/State/Zip _____

NEW Cell/Mobile Phone _____ NEW Home Phone _____

NEW Work Phone _____ NEW E-Mail _____

NEW Code Word _____ NEW Code Word Hint _____

Change Name

- Legal documentation (marriage license, divorce decree or court order) and state issued picture ID are required.
- ATM or Visa Debit Cards will be reissued with your new name – please allow 7-10 business days for delivery.
- To order new checks, please contact our Call Center at 1-800-848-0018.

NEW Name (former is listed above) _____

NEW State Issued Picture ID# _____

Add or Remove Beneficiaries

In order to add or remove beneficiaries, the primary account owner must complete and sign below. By signing, the primary account owner acknowledges that the following designation makes the account payable to those beneficiaries upon the death of the last accountholder.

Account Number(s) _____

Beneficiary 1 Name _____ ☐Add or ☐Remove SSN _____ Date of Birth _____

Street Address _____ City/State/Zip _____ Home Phone _____

Beneficiary 2 Name _____ ☐Add or ☐Remove SSN _____ Date of Birth _____

Street Address _____ City/State/Zip _____ Home Phone _____

Agreement and Signatures

By signing below you, the primary member, trustee and each joint account owner acknowledge and agree to the terms and conditions:

1. Contained in this and any previously executed change form, membership application or enrollment forms, and
2. Of the Membership and Account Agreements and Account Disclosure, all as amended to date

Primary Member Signature _____ Date _____

Joint 1 Accountholder Signature _____ Date _____

Joint 2 Accountholder Signature _____ Date _____

Please complete all requested information, sign and mail to:

Qualstar Credit Union • P.O. Box 3050 • Bothell, WA 98041-3050 • 1-800-848-0018

Or bring your completed form to any of our branch locations.