



651.291.1515
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hiway.org

CHANGES TO YOUR ACCOUNT

Member #: _____

Section A: Update Member Information

First Name:		MI:	Last Name:	
Soc. Sec. #/TIN: <small>(If under age 18, legal adult is required as a Joint Tenant)</small>		DOB:		Mother's Maiden Name:
ID Type:	Driver's License	State ID	Passport	Other ID*:
ID#:	Expiration Date:		Issuing State/Country:	
Address: <small>(Cannot accept P.O.Box)</small>				
City:			State:	Zip:
Cell #:	Home #:		Work #:	
E-mail :				
<small>*Must be a form of government-issued unexpired photo identification.</small>				
<input checked="" type="checkbox"/>				
Member's Signature				Date

Section B: Change of Name (Please attach a legal copy of your name change to this form.)

Name Change for:	Member	Joint
Previous Name:	New Name:	
<input checked="" type="checkbox"/>		
New Signature		Date

Section C: Check Reorder Form

(One box of checks will be ordered. Charges apply.)

Leave this section blank if you do not wish to receive checks.

Order checks starting with check#

Please print the information as you would like it to appear on checks:

Line 1	
Line 2	
Line 3	
Line 4	

Section D: Additional ATM or Debit Card(s)

(Two ATM/Debit Cards can be issued per membership.)

Order a Debit Card for: Member Joint

Order an ATM Card for: Member Joint

Member's Signature Date

Joint Tenant's Signature Date

Section E: Change or Remove ATM/Debit Card Limits (iAchieve Accounts Only, ages 13-17)

Change ATM Card Daily Limit: \$50 \$100 \$250

Change Debit Card Daily Limit: \$50 Point-of-Sale/\$50 ATM \$100 Point-of-Sale/\$100 ATM \$250 Point-of-Sale/\$250 ATM

Remove Limits (ATM Card daily limit will default to \$500; Debit Card daily limit will default to \$3,000 Point-of-Sale/\$500 ATM.)

As the member of this account, you authorize changes made and certify, under penalty of perjury, that all information given is true and correct.

_____ _____
Member's Signature Date Joint Tenant's Signature Date

(If under age 18, signature of Joint Tenant is required)

CU USE ONLY

CU Employee: _____	Teller #: _____	Date: _____	Notes:
Primary Verification Type of ID: _____	Joint Verification Type of ID: _____		
State Issued: _____	Exp. / Issuance Date: _____	State Issued: _____	
	Exp. / Issuance Date: _____		