



SOUTH CAROLINA  
**NATIONAL GUARD**  
 FEDERAL CREDIT UNION



**ACCOUNT MAINTENANCE FORM**

**Member #:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

Verification By:  SSN  DOB  Know Member  ID  Other \_\_\_\_\_

Request Received By:  Phone  Mail  Email  Fax  In Person

**NAME CHANGE:**

Old Information (Required):

New Information:

\_\_\_\_\_  
 Print Former Name

\_\_\_\_\_  
 Print New Name

\_\_\_\_\_  
 Sign Former Name

\_\_\_\_\_  
 Sign New Name

**ADDRESS CHANGE:**

Old Information (Required):

New Information:

Address:

Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone Number(s):**

**Phone Number(s):**

Hm:  \_\_\_\_\_

Hm:  \_\_\_\_\_

Wk:  \_\_\_\_\_

Wk:  \_\_\_\_\_

Cell:  \_\_\_\_\_

Cell:  \_\_\_\_\_

**Email Address:**

**Email Address:**

\_\_\_\_\_

\_\_\_\_\_

**CHECK ORDER:**

Account #: \_\_\_\_\_ [ ]

Qty (# of boxes): \_\_\_\_\_

Changes to Previous Order:  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

**CARD MAINTENANCE:**

GuardCard (ATM) 640662 \_\_\_\_\_  
 Reissue    Hot Card    Change Address    PIN Reminder    Close/Block

Visa (credit card): 428785 \_\_\_\_\_  
 Reissue    Hot Card    Change Address    PIN Reminder    Close/Block

MasterMoney (debit): 553781 \_\_\_\_\_  
 Reissue    Hot Card    Change Address    PIN Reminder    Close/Block

**ACCOUNT CLOSE/OWNER REMOVAL:**

Remove Owner    Close Account(s)  
 All Accounts    Account(s): \_\_\_\_\_

I understand that I am liable for any transaction(s) I may have authorized while an authorized user of the above referenced account(s).

Reason for Close:  
 Member Deceased    Member Request \_\_\_\_\_

CU Close:  Dormant    Delinquent    Inactive    Other \_\_\_\_\_

Funds were paid to member by:  
 Cash    Check – check #: \_\_\_\_\_    Transfer to account#: \_\_\_\_\_

**Requested/Authorized By:**

\_\_\_\_\_ **Print Member Name**                      \_\_\_\_\_ **Member Signature**                      \_\_\_\_\_ **Date**

**NO STATEMENT REQUEST:**

Effective immediately, I request that the South Carolina National Guard Federal Credit Union discontinue mailing account statements to me. I understand and agree that I am responsible for any forged, altered, unauthorized, or unsigned items drawn on my account if I fail to notify the SC National Guard FCU within thirty (30) days of the date that the statement would have been mailed as outlined in the Membership Agreement. I also understand and agree that I may rescind this request at anytime in writing to the SC National Guard FCU.

\_\_\_\_\_ **Print Member Name**                      \_\_\_\_\_ **Member Signature**                      \_\_\_\_\_ **Date**

**For Credit Union Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_