

Please use this form to change the business address, add or remove an authorized signer or cardholder, change an individual's name, or add an additional account to a Business Account.

Please follow these steps:

1. Complete the Business Account Change Form in all the sections applicable to your request.
2. If adding an Authorized Signer who is not currently a LutheranFCU Member, required identification must be provided.
3. Send your form to LutheranFCU for processing by one of the following ways:

Email it to: operations@lutheranfcu.org

Fax it to: 314.394.2799

OR

Mail it to: Lutheran Federal Credit Union
10733 Sunset Office Drive, Ste. 406
St. Louis, MO 63127

Business Account Change Form

Member Number: _____ **Congregation/Business Name:** _____

INSTRUCTIONS: Complete only the Section(s) applicable to your request. In ALL cases, the Sole Proprietor or Account Manager must sign in Section 8 authorizing the change. Provide NEW information only if providing new Contact Name. Previous Contact Name will be removed only if section 3 is filled out. **If adding a new signer, valid ID for that individual must be provided to LutheranFCU.**

1. CHANGES TO GENERAL INFORMATION

NEW Physical Business Address: _____
(Street Address) (City) (State) (ZIP)

NEW Mailing Address (if different from above): _____

NEW Phone: _____ Email Address: _____

2. ADD AUTHORIZED SIGNER (in addition to any existing Signer currently on the Account; MUST provide ID)

1. Legal Name: _____ Business Title: _____

SSN ____/____/____ DOB ____/____/____ Cell Phone #: _____

Home address: _____ City: _____ State & Zip code: _____

E-mail address: _____

Access to: All accounts Stewardship Savings only Fellowship Checking only Credit Card

2. Legal Name: _____ Business Title: _____

SSN ____/____/____ DOB ____/____/____ Cell Phone #: _____

Home address: _____ City: _____ State & Zip code: _____

E-mail address: _____

Access to: All accounts Stewardship Savings only Fellowship Checking only Credit Card

3. REMOVE AUTHORIZED SIGNERS

Name: _____

SSN ____/____/____

From All Accounts

From Stewardship Savings only

From Fellowship Checking only

Name: _____

SSN ____/____/____

From All Accounts

From Stewardship Savings only

From Fellowship Checking only

Business Account Change Form

4. ADD AN ADDITIONAL ACCOUNT (SUFFIX)

Fellowship Checking Account- please specify here how many checking accounts are requested _____

Mission Savings Account

All signers on the account will be added as signers on the new suffix unless you specify otherwise. Use # 7 for additional information. If online access needs to be different for each signer, please request an Online Authorized User Certification.

5. NEW DEBIT CARD /NEW CREDIT CARD REQUEST

Debit Card – checking accounts only (Card(s) will be issued to the following Members, Cardholder, and/or Authorized Signer on the account)

Credit Card (Card(s) will be issued to the following Members, Cardholder, and/or Authorized Signer on the account)

Printed Name(s):

1) _____ SSN ____/____/____ DOB ____/____/____ PH#: _____

2) _____ SSN ____/____/____ DOB ____/____/____ PH#: _____

3) _____ SSN ____/____/____ DOB ____/____/____ PH#: _____

6. REMOVE DEBIT CARD/CREDIT CARD USER

Name: _____ Debit/Credit Card last 4 digits _____

Name: _____ Debit/Credit Card last 4 digits _____

Name: _____ Debit/Credit Card last 4 digits _____

7. OTHER CHANGES /COMMENTS

8. SIGNER AUTHORIZATIONS AND AGREEMENTS

I request the changes listed above and agree that, except as indicated on this form, the information terms and conditions set forth in the most recently dated form remain in full force and effect.

 Signature Account Manager/Sole Proprietor

 Date