



DEERE EMPLOYEES CREDIT UNION

Exclusively for the John Deere family

3950 38th Avenue, Moline IL 61265 Phone: 800-338-6739 Fax: 309-743-1100 Email: Service@dccu.com

Account Ownership Change Card

Member Name: _____ Account Number: _____

Home Phone No: _____ Cell Phone No: _____

Address: _____

Office Use Only Updated by: _____ Date: _____

Verification: _____

I/We authorize Deere Employees Credit Union to make and accept the following change to my/our account.

Please Select: Beneficiary Joint Owner Power of Attorney Trustee
 Add Change Delete

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Drivers License: _____ Issuing State: _____ Issue Date: _____ Expiration Date: _____

Email Address: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Please Select: Beneficiary Joint Owner Power of Attorney Trustee
 Add Change Delete

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Drivers License: _____ Issuing State: _____ Issue Date: _____ Expiration Date: _____

Email Address: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Please read before signing. This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We also authorize Deere Employees Credit Union to conduct further investigation and obtain additional information concerning my credit reputation from all available sources from time to time. Applicants shall be deemed to have agreed to and accept the terms and conditions of this agreement. I/We agree that the changes on this card are subject to the terms and conditions set forth in the TIS Account Disclosure and the original Account Signature Card. I/We also acknowledge receiving a copy of the TIS Account Disclosure.

X _____ (Date) X _____ (Date)

X _____ (Date)