SECURITY SERVICE
FEDERAL CREDIT UNION

Account Action Form

Member Name: _____ SSN: _____

Code Word: _____

I/we understand that adding a code word to all accounts or specific accounts will allow full access to those account owners and will be required on ALL transactions. I/we understand it is my/our responsibility to notify other account holders of this code word.

Code Word Selection:

☐ Add code word to ALL accounts for ALL transactions.

☐ Add code word to the following accounts only: Account #'s _____

Account #'s _____

LOST/STOLEN ITEMS: (If Applicable) Identification - ☐Lost ☐ Stolen Checks or Checkbook - ☐ Lost ☐ Stolen

☐ Please close the account and re-issue a new account number in the same name(s).

STOLEN CHECKS: Since checks or a checkbook have been stolen, it is SSFCU's procedure to close the checking account and re-issue a new account number. SSFCU will make every effort to pay outstanding checks on the new checking or savings account.

☐ Please leave the account open. SSFCU has advised me/us to close the account, but I/we elect to leave the account open and I/we will not hold SSFCU liable for any fraud or theft which should occur as a result of this decision.

Please notify your finance or payroll office with the new account number for your direct deposit. If you have any ACH electronic or drafts currently being debited from your account, please notify and provide the company drafting your account the new account number.

SSFCU will attempt to honor all checks written by our member; however, we cannot guarantee payment. Please discontinue use of, and destroy, any old, unused checks from the closed account. Failure to do so could result in future problems.

By signing below, I/we understand and agree to the above disclosures.

_____ _____

Signature & Date Signature & Date

Office Use Only:

_____ _____

Employee Name / Branch / Ext. Date

Revised: 04/16