

# ACCOUNT UPDATE FORM

Date Accomplished  /  /  Branch/Office  Member Number   
 dd mm yyyy

Member Name   Regular  Associate

NOTE: Please **check (✓) the applicable request box**. Any **alterations must be countersigned** by the member.

### CHANGES IN ACCOUNT INFORMATION

*Please process the following changes pertaining to the account stated below:*

CC Acct # \_\_\_\_\_ PSA Acct # \_\_\_\_\_

CASA Acct # \_\_\_\_\_ OTHERS \_\_\_\_\_

Account Name in the passbook \_\_\_\_\_

Change of Account Name \_\_\_\_\_

Change from Single to Joint Account (AND; OR) \_\_\_\_\_

Change from Joint (AND; OR) to Single Account \_\_\_\_\_

Change of Co-Depositor \_\_\_\_\_

Change of Trustor / Additional Trustor \_\_\_\_\_

Conversion of ITF to Single or Joint Account (AND; OR) \_\_\_\_\_

Others \_\_\_\_\_

### MEMBER'S INSTRUCTIONS

I hereby confirm that I voluntarily disclosed the above information pertaining to my person and hereby authorize PSSLAI, its officers, employees or representatives to collect/provide information from/to my Branch of Service or Employers and use the same information, personal or sensitive as defined under R.A. No. 10173, in connection with my membership/loan application, capital contribution and deposit placements, loyalty rewards program, and for all other legitimate purposes connected to the foregoing. I further confirm that I had authorized my Branch of Service or Employers to provide all necessary information to PSSLAI relative to the above-mentioned.



Signature over printed name of **OLD** Co-Depositor/Trustor



Signature over printed name of **OLD** Co-Depositor/Trustor



Signature over printed name of Primary Account Holder



Signature over printed name of **NEW** Co-Depositor/Trustor



Signature over printed name of **NEW** Co-Depositor/Trustor

**DO NOT WRITE BEYOND THIS LINE - to be filled out by PSSLAI personnel**

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_