

**Personal or Trust Change Application**

Union National Bank 101 E. Chicago Street, Elgin, IL 60120 847-888-7500 Fax 847-888-2662 Member FDIC

Account Name \_\_\_\_\_ Account # \_\_\_\_\_

**Change Of Address**

Please Change My Mailing Address On Your Records For: Select One:  All Accounts  Only On Accounts # \_\_\_\_\_

New Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

\_\_\_\_\_ Customer Initials Here If Would Like To Pick Up Mail At: Select:  Main Bank

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access.

**Add A Name To An Account/Safe Deposit Box**

Please Add This Person To My/Our  Deposit Account  Safe Deposit Box Number \_\_\_\_\_

As:  Joint Owner With Survivorship<sup>1</sup>  Joint Owner -No Survivorship<sup>1</sup>  Payable-On-Death Beneficiary<sup>1</sup>  
 Authorized Signer<sup>2</sup>  Power Of Attorney<sup>2</sup>  Successor Trustee<sup>3</sup>  Safe Deposit Deputy<sup>2</sup>

Name \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_ Signature\* **X** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ D/L State & Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Employer \_\_\_\_\_

1)All existing account/box owners must sign below. 2)Only one owner must sign below, unless account/box requires more than one signature. 3)If prior trustee is deceased, certified copy of death certificate and trust agreement pages dealing with successor trustees required. If prior trustee is living, he or she must furnish us notarized written letter resigning as trustee, or sign below.

**Remove Own Name From An Account/Safe Deposit**

Please Remove Me As An Owner/Signer From  Deposit Account  Safe Deposit Box Number \_\_\_\_\_

Must be signed below by person requesting removal AND notarized.

**Revoke Authorized Signer/Internet Access/POA/Beneficiary From Account/Safe Deposit Box**

Please Remove \_\_\_\_\_ As An:  Authorized Signer  Power Of Attorney  Pay On Death Beneficiary: :

From:  Deposit Account  Safe Deposit Box Number: \_\_\_\_\_

**New ATM/Debit Card**

Please Issue Card(s) To \_\_\_\_\_ Checking/NOW/MoneyMarket Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Cash Station ATM Card - Available Only For Checking, NOW, Savings And Money Market Accounts. Businesses May Deposit Only.

Visa Debit Card - Requires Checking, NOW Or Money Market Accounts. - Personal Accounts Only.

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access. Card # Issued \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

**RediChek Line of Credit and Overdraft Protection**

We apply for a Line of Credit in the amount of:  \$500  \$1000  \$2000  \$3000  Other \_\_\_\_\_ Deposit Account \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_ •  Rent  Own Home • All existing account owners must sign below.

Alimony, child support, separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Alimony, child support, separate maintenance received under:  Court Order  Written Agreement  Oral Understanding Amount \$ \_\_\_\_\_

Bank Use:  Approved  Declined Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

**Miscellaneous Maintenance Items -**

\_\_\_\_\_ New Stop Payment Letter \_\_\_ Email \_\_\_ or Verbal from \_\_\_\_\_ Account \_\_\_\_\_ Payee \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_. If ACH, Date of Last Debit \_\_\_\_\_ Company ID \_\_\_\_\_

Note: No customer signature is required for new stop payment since customer will sign the Stop Payment Notice. **Yellow copy and printouts go to Oper.**

\_\_\_\_\_ Please Cancel The Following Stop Payment Order: Account \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Please Change Account Type From \_\_\_\_\_ To \_\_\_\_\_ On Account # \_\_\_\_\_

\_\_\_\_\_ Please Deduct My Safe Deposit Rental Payments From My UNB Account. Box # \_\_\_\_\_ Account \_\_\_\_\_

\_\_\_\_\_ Please Cancel My RediChek/RediEquity Line of Credit, Effective Immediately. Account \_\_\_\_\_

\_\_\_\_\_ Please Deduct Payments For Loan Number \_\_\_\_\_ From My Account # \_\_\_\_\_ With UNB \_\_\_ or  
With Other FI \_\_\_\_\_ (financial institution name). Attach voided copy of deposit slip or check.

\_\_\_\_\_ Transfer \$ \_\_\_\_\_ to Account # \_\_\_\_\_ in the name of \_\_\_\_\_

Other \_\_\_\_\_

Only one owner must sign below, unless account/box requires more than one signature to withdraw/access.

**SIGNATURES** \*My signature acknowledges receipt of the Union National Bank Owner's Manual, including all applicable disclosures. This application is subject to all agreements, rules and regulations adopted by the Bank for the services or credit line applied for. I agree to be bound by them.

<b>X</b>	Date	<b>X</b>	Date
<b>X</b>	Date	<b>X</b>	Date

**IF NOTARY PUBLIC REQUIRED:** Subscribed To And Sworn Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_\_

Seal

Notary Public \_\_\_\_\_

Request Processed By \_\_\_\_\_ On \_\_\_/\_\_\_/\_\_\_\_.

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