

## Business Account Change Form

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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](mailto: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 ☐ All Savings Only ☐ All Checking Only ☐ Credit Card ☐ Other: Please specify \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Business Title: \_\_\_\_\_

SSN \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Access to: ☐ All accounts ☐ All Savings Only ☐ All Checking Only ☐ Credit Card ☐ Other: Please specify \_\_\_\_\_

### 3. REMOVE AUTHORIZED SIGNERS

Name: \_\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

From: ☐ All accounts ☐ Savings Only ☐ Checking Only ☐ Credit Card ☐ Other: Please specify \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_/\_\_\_\_/\_\_\_\_

From: ☐ All accounts ☐ Savings Only ☐ Checking Only ☐ Credit Card ☐ Other: Please specify \_\_\_\_\_

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### 4. ADD AN ADDITIONAL ACCOUNT (SUFFIX)

☐ Fellowship Checking Account- please specify here how many checking accounts are requested \_\_\_\_\_

☐ Mission Savings Account- please specify here how many savings accounts are requested \_\_\_\_\_

☐ LCMS District Checking Account- please specify here how many checking accounts are requested \_\_\_\_\_

*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

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### 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 of Current Account Manager/Sole Proprietor

\_\_\_\_\_  
Date