# Share Draft Account Change Request

By signing below, I agree to the terms and conditions governing this service, including any fees and charges. I understand that I cannot change my share draft account again for one (1) year, begining on the day I sign and date this form.

Account #: Suffix #: Date:

Member Name:

Please change my current NIH Federal Credit Union Share Draft Account to:

- ☐ Money Manager Plus Checking Account
- ☐ Money Manager Checking Account
- ☐ Student Money Manager Checking Account
- ☐ Basic Checking Account

X _____ _____
Member Signature Date

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ID Type: NIH ID
ID Number:
Expiration Date:

X _____ _____
NIHFCU Employee Signature Date NIHFCU Employee Print Name

To submit, please fax or mail completed and signed form along with any requested support documentation to:
**NIHFCU Attention: Operations Department**
Fax: **301.770.5372**
Mail: **P.O. Box 6475 Rockville, MD 20849-6475**
Or, you may drop this form off at any NIHFCU branch location