Consumer Share Draft (Checking) 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, beginning 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:

- ☐ CareFree Checking
- ☐ TotalCare Checking

_____ _____

Member Signature Date

ID Type: _____

ID Number: _____

Expiration Date: _____

_____ _____ _____

NIHFCU Employee Signature Date NIHFCU Employee Print Name

Please submit this form to:
NIH Federal Credit Union (Attention: Member Support Center)
By Mail: P.O. Box 6475, Rockville, MD 20849-6475
By Fax: 301.770.5372
You can also request this change by visiting any NIHFCU Branch or by calling 800.877.6440