

Change of Signers Request



**COASTAL COMMUNITY
CREDIT UNION**

Date form submitted:	
----------------------	--

1 PROCESS TO INITIATE CHANGES

1. Complete all applicable fields in **Section 2**
2. If you are a corporation or Registered Society – submit your changes to BC Registry
3. Then refer to **Section 3** to submit requested changes

2 REQUESTED CHANGES

Organization information:

Name of Organization	
Organization Member #	
Mailing Address	
Legal Address	
Phone number	

Designated contact person for change request (must be a current signer):

Name				Preferred contact
Phone	home		cell	<input type="checkbox"/> Phone
Email				<input type="checkbox"/> Email

Signers being **ADDED**: This section not applicable

Full Legal Name				
Address				
Phone	home		cell	Preferred contact
Email				<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization				

Full Legal Name				
Address				
Phone	home		cell	Preferred contact
Email				<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization				

Full Legal Name				
Address				
Phone	home		cell	Preferred contact
Email				<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization				

Signers being **REMOVED**: This section not applicable

Full Legal Name		Position	
Full Legal Name		Position	
Full Legal Name		Position	

Change of Signers Request



**COASTAL COMMUNITY
CREDIT UNION**

List the Full Legal Names of **ALL** signers (new & remaining) once changes are completed:

	Full Legal Name	Position	Able to e-sign	Needs access to online banking
1.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
2.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
3.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
4.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
5.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
6.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
7.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
8.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
9.			<input type="checkbox"/> Y	<input type="checkbox"/> Y
10.			<input type="checkbox"/> Y	<input type="checkbox"/> Y

If your Organization currently has any of the following services that will require updating due to this change of signers, please tick the appropriate box: This section not applicable

<input type="checkbox"/> AFT Payment Stream	<input type="checkbox"/> Business Mastercard
---	--

Signatures of **TWO CURRENT** Authorized Signatories acknowledging change request:

1.		
	Authorized Signatory Name	Authorized Signatory Signature
2		
	Authorized Signatory Name	Authorized Signatory Signature

3 SUBMIT REQUEST

APPENDIX ATTACHED: YES NO

- Submit completed request form to the Credit Union employee assisting you or your preferred branch.
- The assigned Credit Union employee will update the designated contact person with next steps.

IMPORTANT: requested change will not be effective until all required documentation is signed and the designated contact person has been notified the process has been completed.