



LIBERTY BAY
CREDIT UNION

PREMIER CHECKING ACCOUNT WITH BENEFITS PROTECTION

Account Authorization Form

Please print, sign and fax to (857) 336-6939, or bring the signed document to your nearest branch location.

PERSONAL INFORMATION

Primary Account Holder (Required)

First Name	Last Name		
Daytime Phone Number	E-mail Address		
Street Address	Apt/Suite #		
City	ST	Zip	

Secondary Account Holder

First Name	Last Name
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ACCOUNT INFORMATION

Please switch my existing Liberty Bay Checking Account to a Liberty Bay Premier Checking with Benefits Protection.

Date of Request	Account Number
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By signing below, I authorize Liberty Bay Credit Union to switch my existing Liberty Bay Checking Account to a Liberty Bay Premier Checking Account with Benefits Protection. I have been given a Fee Schedule, Combined Disclosure Account agreement, Availability of Funds, Truth in Savings and a Combined Disclosure, Electronic Funds Transfer, Cardholder Agreement. I am aware of all features, benefits, fees and requirements associated with the Premier Checking Account with Benefits Protection.

Primary Account Holder Signature (required)	Date
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Secondary Account Holder Signature	Date
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