



LIBERTY BAY

CREDIT UNION

BENEFITS CHECKING ACCOUNT WITH BENEFITS PROTECTION

Account Authorization Form

Please print, sign and fax to (617) 439-6556, 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

ACCOUNT INFORMATION

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

Date of Request

Account Number

By signing below, I authorize Liberty Bay Credit Union to switch my existing Liberty Bay Checking Account to a Liberty Bay Benefits Checking Account with Benefits Protection. I am aware of all features, benefits, fees, and requirements associated with the Benefits Checking Account with Benefits Protection.

Primary Account Holder Signature (required)

Date

Secondary Account Holder Signature

Date