



**PREMIER CHECKING ACCOUNT
WITH BENEFITS PROTECTION
Account Authorization Form**

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 Premier Checking 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 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

Secondary Account Holder Signature Date

