

Account Change Refusal Form

| l, | , acknowledge that I have disclosed | d my account |
|---|---|--------------|
| number, | , through unsecured means, including but not lim | ited to |
| email, social media, websi | tes, written correspondence, or other non-secure chan | nels. I have |
| • | nicipal Federal Credit Union to change my account num help prevent potential identity theft or fraudulent acti | |
| At this time, I decline to m | nake the recommended change and understand that I ar | m solely |
| responsible for any unauth result of this decision. | orized or fraudulent activity that may occur on my acco | ount as a |
| | | |
| Member Name (please prin | nt): | _ |
| Member Signature: | | |
| Date: | | |
| Employee Signature: | | |
| Limptoyee Signature: | | |
| Teller number: | | |