

Member # _____

Name _____ Phone (H)) _____ (W) _____

 Address _____
Street City State Zip

Social Security Number _____ Email _____ Employer _____

Joint Owner(s) _____ Social Security # _____

_____ Social Security # _____

Subsequent Actions

Type of change (please indicate the type of change)

Add Account Owner. Add the following account owner on the member # designated above.

 1. Joint Owner/Signer _____ SS # _____ Employer _____
First MI Last

 Address _____
City State Zip

Date of Birth _____ Phone (H) _____ (W) _____ Cell _____

Driver's Lic.# _____ Mother's Maiden Name _____ Email _____

 2. Joint Owner/Signer _____ SS # _____ Employer _____
First MI Last

 Address _____
City State Zip

Date of Birth _____ Phone (H)) _____ (W) _____ Cell _____

Driver's Lic.# _____ Mother's Maiden Name _____ Email _____

Remove Joint Owner. Remove the following joint owner from the membership account. I/we understand the removal of a joint owner requires consent of the joint owner being removed and we will hold the Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s) set forth. This relinquishment does not affect my/our obligation on any loan accounts.

Name of Joint Owner _____ (Joint owner must sign below)

Change P.O.D. Beneficiary

Add the following P.O.D. Beneficiary on the membership account.

P.O.D Beneficiary _____ Relationship _____

Remove the following P.O.D. Beneficiary on the membership account.

P.O.D Beneficiary _____ Relationship _____

Name Change.

Change the name on my accounts from my former name to the name shown on this card.

 Former Name _____
First MI Last

Authorization

I/we agree that the changes indicated above are subject to the terms and conditions set forth in the Membership and Account Agreement, if applicable. I/we acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above.

 X _____
Signature of Member Date

 X _____
Signature of Joint Owner #1 Date

 X _____
Signature of Joint Owner #2 Date

 X _____
Signature of Guardian/Custodian/Attorney-in-Fact Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING OR CREATING A NEW MEMBER RELATIONSHIP WITH OUR INSTITUTION.
 To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or creates a new membership relationship with our credit union. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see specific documentation to verify your identity.

For Credit Union Use Only

Primary ID *

Individual

Joint 1

Joint 2

Identificaton Verified	ID Number	Expiration Date	ID Number	Expiration Date	ID Number	Expiration Date
Driver's License						
State Issued ID Card						
Matricula Consular						
US Passport						
Alien ID Card						
Valid Military ID						
Issuing State / Date:						

Secondary ID **

Individual

Joint 1

Joint 2

Identificaton Verified	ID Number	Expiration Date	ID Number	Expiration Date	ID Number	Expiration Date
Employee ID						
High School/College ID						
Social Security Card						
Major Credit Card(last 5 digits)						
Welfare ID						
Medical Card						
Insurance Card						
Voter ID						
Other (requires mgr approval)						
Meets ChexSystems Guidelines ***	Yes	No	Yes	No	Yes	No

Initials of approving Manager If Individual(s) does not meet ChexSystems Guidelines: _____

Date of Card _____ Office _____ Method Opened _____

Prepared by: _____ Verified By: _____ Total ID: _____

Opening deposit by PRD/DD _____ SEG Code: _____

* Primary ID must be scanned

** Two forms of ID must be verified

***ChexSystems qualification required for all new Checking Accounts unless approved by a Manager