



Account Change Application

Credit Union Use Only

Member # \_\_\_\_\_

OFAC \_\_\_\_\_

Please add/change the following to existing account # \_\_\_\_\_

Name : \_\_\_\_\_

Account Types

- Share Draft/Checking, Share Certificate, IRA, Christmas Club, Money Market Checking, Sub Account, HSA

\* additional information required

Account Services

- Debit Card, Checks, Direct Deposit, Payroll Deduction, Joint Owner, Beneficiary

Remove/Close

- Credit Union Account, Payroll Deduction, Checking Acct., Visa Card, Joint Owner, Other

Joint/Beneficiary/Debit Card information (additional space for more than one Joint/Beneficiary on back)

NAME: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: (if different) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SS # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Is more than one signature required to transact business? [ ] No [ ] Yes

Check Request - Number of boxes of checks \_\_\_\_\_ first set of checks are free, courtesy of Keystone United Methodist FCU

I'd like my checks to read: \_\_\_Ind. \_\_\_Joint

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Check Design \_\_\_\_\_

Debit Card(checking acct. only): Please issue debit card for (check all that apply) [ ] Primary [ ] Joint

TURN PAGE OVER FOR SIGNATURE

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).



**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return . Cross out item 3 and complete a W-8 BEN if you are not a US person.

**AUTHORIZATION**

By signing below, I/we agree to the terms and condition of the Membership and Account Agreement. Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Credit Union is directed to accept and pay without further inquiry, any item bearing the appropriate number of signatures as indicated in the "Authorized Signers" section, drawn against any of the Member/Owner's accounts. Unless otherwise indicated, any one Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member/Owner for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transaction under the Agreement. The authority given to the Authorized Signers shall remain in full force until written notice of revocation is delivered to and received by the credit union at each location where an account is maintained. Any such notice shall not affect any items in process at the time the notice is given. An authorized officer, trustee, or agent of the Member/Owner will notify the credit union of any change in the Member/Owner's composition, assumed business names, or any aspect of the entity affecting the deposit relations between the Member/Owner and the credit union before any such change occurs. The credit union shall have no duty to inquire as to the powers and duties of any Signer and shall have no notice of any breach of fiduciary duties by any Signer unless the credit union has actual notice of wrongdoing.

**LIABILITY**

Member/Owner and each signer agree to indemnify and hold the credit union harmless of any claim or liability as a result of unauthorized acts of any Signer or former Signer or acts of any Signer upon which the credit union relies prior to notice of any account change or change of Member/Owner. The Member/Owner agrees that the Credit Union shall not be liable for any losses due to the Member/Owner's failure to notify the credit union of such changes.

*The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

If a Debit Card(s) is issued, I (we), the undersigned applicant(s), by signing or using the Debit Card(s) ("card") agree that I (we) will be bound by the terms of the Debit Card agreement and disclosure which will be furnished to me (us). I (we) agree to surrender the card(s) upon demand and authorize the credit union to obtain credit reports in connection with this application and for any update or renewal of the card(s). For security purposes, each card will have a unique card number upon issuance. Both cards will access the joint checking account.

**Additional Joint/Beneficiary**

NAME: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

ADDRESS: *(if different)* \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Authorized Signers**

<b>Primary Signature</b>	<b>Date</b>
_____	_____
<b>Joint Signature</b>	<b>Date</b>
_____	_____
<b>Joint Signature</b>	<b>Date</b>
_____	_____