

# Account Update Form

**Member Information – Account Number** \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

## Account

- I would like to add the accounts marked below       I would like to update the accounts marked below
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Share Savings             | <input type="checkbox"/> Share Certificate: Term _____ | <input type="checkbox"/> IRA – Coverdell Educational |
| <input type="checkbox"/> Checking                  | <input type="checkbox"/> Holiday Club                  | <input type="checkbox"/> IRA Certificate: Term _____ |
| <input type="checkbox"/> Golden Years Checking     | <input type="checkbox"/> Convention Club               | <input type="checkbox"/> Add debit card              |
| <input type="checkbox"/> Money Market              | <input type="checkbox"/> IRA – Traditional             | <input type="checkbox"/> Update all my accounts      |
| <input type="checkbox"/> Golden Years Money Market | <input type="checkbox"/> IRA – ROTH                    |  |

- Joint Owner**       **Power of Attorney**       **Trustee**  
(to add more, attach on separate sheet) **Must provide physical address and copy of driver's license or Government issued photo ID.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

- With Survivorship       Without Survivorship

## Beneficiaries

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Percentage of Benefit \_\_\_\_\_ Home Phone \_\_\_\_\_



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## Beneficiaries (continued, to add more, attach on a separate sheet)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Percentage of Benefit \_\_\_\_\_ Home Phone \_\_\_\_\_

## Remove Beneficiaries

Name \_\_\_\_\_

Name \_\_\_\_\_

## Remove Joint Owner(s)

Name \_\_\_\_\_

Name \_\_\_\_\_

We understand removal of a Multiple Account Owner requires consent of all account owners, 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 accounts(s) set forth on the previous page. This relinquishment does not affect my/our obligation on any loan account.

## Name and/or Address Change (please attach name change support documents)

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## E-Statements

If you would prefer to receive your statements through email, please check the line below and provide a valid email address. You will be able to access your statements by logging in to Internet Home Banking. Members who elect e-statements will receive monthly statements, while certain paper statements are only generated quarterly. You may change your mind and elect to receive paper statements at any time.

Yes, I elect to receive e-statements, and my email address is \_\_\_\_\_



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## Authorization and US Patriot Act

By signing below, I/we agree to the original terms and agreements that were provided during account opening, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreement and disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provide, I/We agree to the terms and acknowledge receipt of the EFT Agreement. I agree to allow Signature FCU obtain a copy of my credit report for the purpose of establishing credit.

To help the government fight the funding of terrorism and money laundering activities, Federal laws require all financial institutions to obtain, verify, and record information that identifies all new Credit Union Members. The Credit Union must also verify the identity of non-members added as signatories on accounts. In addition to verifying identification, the Credit Union must maintain a description of any document used for this purpose. Any documents used to verify identity will be secured in compliance with the Credit Union's Privacy Policy. If you are an existing member, we will need to verify and retain copies of any documents used to verify identity when you request new accounts or services.

We ask for your patience and understanding. Please remember this is a mandatory requirement and we must comply for your protection and the protection of our Country.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Office Use Only

OFAC Verified by \_\_\_\_\_ Date \_\_\_\_\_ Opened By \_\_\_\_\_

