

Organization Account Update Form

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Organization Name

Account Number

ACCOUNTS

Please select the accounts that are to be updated:

- Update all
 Savings
 Club
 Certificates
 Checking
 Money Market
 Golden Years

ADD/REMOVE AUTHORIZED AGENTS

Name	Title	Add	Remove
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Responsible Parties/Owners/Signers: Include all new parties (use extra sheets as necessary). *Must provide physical address and copy of driver's license or Government Issued photo ID*

Name

SSN

Date of Birth

Address

City

State

ZIP

Home/Cell Phone

Email Address

Title

Name

SSN

Date of Birth

Address

City

State

ZIP

Home/Cell Phone

Email Address

Title



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Name	SSN	Date of Birth	
Address	City	State	ZIP
Home/Cell Phone	Email Address	Title	

UPDATE AGENT AND ADDRESS FOR CORRESPONDENCE

Please provide the name, address, and daytime phone number of the agent to whom correspondence should be directed to.

Name	Title		
Address	City	State	Zip Phone

AUTHORIZATION

All responsible parties/owners/signers need to sign along with one current officer.

I/We agree the changes on this card amend the previously signed application and are subject to the terms and conditions of the membership and account agreement, truth in savings, fee schedule, funds availability policy, and corporate resolution, and to any amendment the Credit Union makes from time to time. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested above. If an ATM card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the Electronic Funds Agreement.

UIGEA Certification

In January, 2009, the Department of the Treasury and the Federal Reserve Board issued a joint ruling to prevent unlawful Internet gambling businesses from utilizing the banking system to process restricted transactions. The Credit Union will not process prohibited restricted transactions and will not open commercial accounts for businesses that engage in or process prohibited restricted transactions.

Customer Identification Requirements: 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.

Signature	Date
Signature	Date
Signature	Date
Signature	Date



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In addition, the following certificate of authority terms are jointly and severally agreed to:

1. The organization information shown above is the complete and correct name of the organization. If applicable, all registered and assumed names under which the organization does business are shown above. Each corporate officer, partner, or trustee, whichever is applicable, warrants that the corporation, partnership, or living trust has been duly formed and currently exists.
2. The officers, authorized agents or trustees, whichever is applicable, signing above, presently occupy the positions shown above and are authorized to transact business on behalf of the organization. Each agent agrees to notify the Credit Union in writing of any change in authority. The Credit Union may request any other evidence of the agent's authority at any time.
3. Each agent certifies and agrees that the Organization's accounts will be governed by the terms set forth in the membership and account agreement and account card as amended from time to time.
4. The Credit Union is directed to accept and pay without further inquiry any item, bearing the appropriate number of signatures as indicated above, drawn against any of the organization's accounts. Unless otherwise indicated, any one authorized agent is expressly authorized to endorse all items payable to or owned by the organization for deposit with or collection by the Credit Union and to execute such other agreements and to perform any other transactions under the agreement.
5. The authority given to Authorized agents shall remain in force until written notice of revocation is delivered to and received by the Credit Union. Any such notice shall not affect any items in process at the time notice is given. An authorized officer, trustee or agent of the Organization will notify the Credit Union of any change in the Organization's composition, assumed business names, or any aspect of the entity affecting the deposit relationship between Organization and the Credit Union before any change occurs. The Credit Union shall have no duty to inquire as to the powers and duties of any agent and shall have no notice of any breach of fiduciary duties by any agent unless the Credit Union has notice of wrongdoing.
6. The authorized agent(s) is/are authorized to receive from the Credit Union, either orally or in writing, any information related to the account. Those persons are not authorized to withdraw funds or issue checks against or make any transactions related to the account.
7. The Organization and each Agent agree to identify and hold the Credit Union harmless of any claim or liability as a result of any unauthorized acts of any agent or former agent or acts of any agent upon which the Credit Union relies prior to notice of any account change or change of Organization. The Organization agrees that the Credit Union shall not be liable for any losses due to the Organization's failure to notify the Credit Union of such changes.



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Authorization to Issue Visa® Credit Card

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I/We authorize the individuals listed below to be issued a Signature Federal Credit Union Visa Credit Card in the name of the _____, an Organization of Signature. I/We further acknowledge that these individuals are authorized to use the card for the purpose of paying chapter-related expenses.

I/We agree it is my/our responsibility to review the charges made on the card on a monthly basis to ensure the charges are legitimate. If there is evidence of non-organization related charges, it is my/our responsibility to report it to the credit union so that the card can be closed immediately.

In the event that the card is used for purposes unrelated to organization business, we acknowledge it is the organization's responsibility to pay these charges and to seek recovery from the individual(s) for the unauthorized use.

Authorized User/Title

Authorized User/Title

Signature

Signature

Authorized by

Date

Authorized by

Date

NOTE: ORGANIZATION VISA CARDS DO NOT AUTOMATICALLY RENEW. PLEASE NOTIFY SIGNATURE FEDERAL CREDIT UNION FOR REISSUE.

