

Ferguson Federal Credit Union – Account Change Request Form

ADD A CHECKING OR REQUEST CARD

NOTE: ALL account owners must sign under the Signature Authorization section of this form.

Checking Business Checking

Debit card (only available on checking accounts) ATM card (only available on savings accounts)

ADD JOINT OWNER(S) TO ACCOUNT

NOTE: ALL account owners must sign under the Signature Authorization section of this form.

For each person named below, a valid piece of identification which includes a picture, control/ID number and an expiration date must be presented. If not appearing in person, provide a photo copy of identification. Identification that is accepted is a valid State Driver's License, State Vehicle Administration ID for non-drivers, US Military, Passport or Resident Alien Card.

Name: _____ Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Email: _____

Address: _____
Street City State Zip

Form of ID: _____ ID/Control number: _____

Place of Issue: _____ Issue Date: _____ Exp Date: _____

Name: _____ Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Email: _____

Address: _____
Street City State Zip

Form of ID: _____ ID/Control number: _____

Place of Issue: _____ Issue Date: _____ Exp Date: _____

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REMOVE JOINT OWNER(S) FROM AN ACCOUNT

NOTE: ALL account owners must sign under the Signature Authorization section of this form.

A joint owner may only be removed from this account and all shares with the written consent by ALL account owners and ALL are required to sign under the Signature Authorization section of this form. The relinquishment does not affect any obligation they may have on any loan that they may be a jointly obligated on.

Name: _____ SSN: _____ Date of Birth: _____

Name: _____ SSN: _____ Date of Birth: _____

CHANGE NAME OF OWNER AND/OR JOINT OWNER(S) ON ACCOUNT

NOTE: ALL account owners must sign under the Signature Authorization section of this form.

Proof of the name change must be submitted by providing a copy of either a marriage license, a court order AND an updated driver's license. For each person named below, a valid piece of identification which includes a picture, control/ID number and an expiration date must be presented. If not appearing in person, provide a photo copy of identification. Identification that is accepted is a Valid Driver's License, State Vehicle Administration ID for non-drivers, US Military, Passport or Resident Alien Card.

Name: _____ SSN: _____ Date of Birth: _____

Name: _____ SSN: _____ Date of Birth: _____

TAX IDENTIFICATION NUMBER CERTIFICATION AND SIGNATURE(S) *Required*

By signing below, I certify as primary member under penalties of perjury that (1) the Taxpayer Identification Number (TIN) shown above is my correct TIN and (2) I am not subject to backup withholding either because (a) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends or (b) the IRS has notified me that I am no longer subject to backup withholding and (3) I am a United States person (including a U.S. Resident Alien).

*A separate W-9 has been completed (or W-8 in the case of a Resident Alien).
The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.*

By signing below, the undersigned agree to Ferguson's by-laws and the terms and conditions detailed in the Ferguson Federal Credit Union Membership and Account Agreement including Disclosures, as amended from time to time and authorize the Credit Union to verify credit and employment by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that information provided on this application is true and correct and that the terms of the application apply to all accounts by the undersigned at this credit union.

Primary Member: _____ Date: _____ Name Change

Joint Owner: _____ Date: _____ Add Remove Name Change

Joint Owner: _____ Date: _____ Add Remove Name Change

Joint Owner: _____ Date: _____ Add Remove Name Change

IDENTITY VERIFICATION NOTICE: 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 becomes a signer on an account i.e. joint owner, trustee, custodian, and/or beneficiary. Information we will ask is your name, address, date of birth and other information that will allow us to identify you. We may also ask for a copy of valid identification i.e. driver's license.

CREDIT UNION USE ONLY

Request Form received on: _____ CU Employee: _____ Required ID documents received or reviewed on: _____ CU Employee: _____

Requested changes processed on: _____ CU Employee: _____ Submitted to Records Dept on: _____

In-complete requests: Note placed and member contacted on: _____ CU Employee: _____

Comments: _____