# Ferguson Federal Credit Union ACCOUNT CHANGE REQUEST FORM

#### Instructions:

- Complete the Information On Account Owners section along with the section applicable to the change you are requesting.
- Multiple requests may be made on a single form.
- To ensure accurate processing, please print information clearly.
- Failure to provide requested information will delay the processing of your request.
- Return the form with all required signatures and copies of valid identification to Ferguson Federal Credit Union, 577 NA Sandifer Highway, Monticello, MS 39654 / Telephone (601)587-4037 / Fax (601)587-4038

INFORMATION ON ACCOUNT OV	/NER(S) ***Required***			
Account Number:	H	ome Phone:	Work Phone:	
Primary Owner Name:				
Joint Owner Name:				
Joint Owner Name:				
CHANGE OF ADDRESS				
NOTE: Signature of any owner of  New Mailing Address:	account is required under S			
Street		City	State	Zip
f changing to a PO Box, your physical s	treet address is required:			
Home Phone:	Work Phone:	Email:		
PAYABLE ON DEATH (POD) BEN	EFICIARY			
NOTE: Requests to make change form.	es to beneficiaries on an IRA	A requires a separate IRA do	ocument and can not be	e done on th
POD Beneficiary Name:		SSN:	Date of B	irth:
Address:		Phone:	Share:	%
POD Beneficiary Name:		SSN:	Date of B	irth:
Address:		Phone:	Share:	%
POD Beneficiary Name:		SSN:	Date of B	irth:
Address:		Phone:	Share:	%

I understand that a Payable On Death designation is only available on single/individual accounts. A designated beneficiary does not have access and/or transaction authority to this account and that upon my death (owner of the account); the funds in the account shall be paid to the Payable On Death Beneficiary listed above.

# Ferguson Federal Credit Union – Account Change Request Form

ADD A CHECKING	OR REQUEST CARD			
NOTE: ALL accour	nt owners must sign under the S	Signature Authorization section of this for	m.	
[ ] Checking	[ ] Business Che	ecking		
[ ] Debit card (only a	available on checking accounts)	[ ] ATM card (only available	e on savings accou	nts)
ADD JOINT OWNE	R(S) TO ACCOUNT			
NOTE: ALL accour	nt owners must sign under the S	Signature Authorization section of this for	m.	
presented. If not ap	pearing in person, provide a photo	cation which includes a picture, control/ID nure copy of identification. Identification that is acts, US Military, Passport or Resident Alien Ca	cepted is a valid	
Name:		Social Security Number:	Date of E	Birth:
Home Phone:	Work Phone:	Email:		
Address:				
Stree	et Form of ID:	City ID/Control number:	State	Zip
	Place of Issue:	Issue Date:	Exp Date:	
Name:		Social Security Number:	Date of E	Sirth:
Home Phone:	Work Phone:	Email:		
Address:				
Stree	et Form of ID:	City	State	Zip
	Place of Issue:	Issue Date:	Exp Date:	

### Ferguson Federal Credit Union - Account Change Request Form

#### **REMOVE JOINT OWNER(S) FROM AN ACCOUNT**

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

License, State Vehicle Administration ID for non-drivers, US Military, Passport or Resident Alien Card.

, ,	s account and all shares with the written cons	•
1 5	•	nt does not affect any obligation they may have
on any loan that they may be a jointly obliga	ted on.	

on any roan anat may may be a joining congare	<b></b>	
Name:	SSN:	Date of Birth:
Name:	SSN:	Date of Birth:
CHANGE NAME OF OWNER AND/OR JOIN	T OWNER(S) ON ACCOUNT	
NOTE: ALL account owners must sign und	der the Signature Authorization section	n of this form.
		icense, a court order AND an updated driver's 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

### 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 mended 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:				