



Account Number: \_\_\_\_\_ Account Change Card
Current Membership Information

Account Owner(s)

Blank lines for account owner information

Subsequent Actions

I/We authorize UANWFCU to make and accept the following changes to my/our/ accounts.

Add account Owner(s):

Form fields for adding an account owner: Name, Street Address, Mailing Address, Home Phone, Work Phone, Cell Phone, Soc. Sec. No/TIN, Date of Birth, Driver's Lic #, Employer, Email

Form fields for adding a second account owner: Name, Address, Home Phone, Work Phone, Cell Phone, Soc. Sec. No/TIN, Date of Birth, Driver's Lic #, Employer, Email

Preferred method of Contact: Home Phone Cell Phone Email

Account Ownership: Individual Joint with Right of Survivorship (must fill out joint owner information)

Number of signatures required:

Code word: Mothers maiden name:

TIN and Backup Withholding Certification

(check & initial the appropriate box)

Under penalties of perjury, I certify that the number shown on this card is my correct identification number. If the words "non-resident alien" are filled in as the taxpayer identification number, I certify that I am not a United States person and neither a citizen nor a resident of the U.S. and therefore not subject to backup withholding.

Under penalties of perjury, I certify that (initial the appropriate box):

Initial boxes for backup withholding certification: I am not currently subject to backup withholding or I am currently subject to backup withholding as a result of a failure to report all interest or dividends to the Internal Revenue Service.

Change POD/Trust Account Beneficiary: Add Remove the following beneficiary(ies):

Form fields for beneficiary information: POD Payee, Address

Form fields for beneficiary information: Soc. Sec. No/TIN, Birthdate, Phone

Change Name:

Form fields for name change: New Name, Drivers Lic. No.

Change POD Payee: Add Remove the following trustee(s):

Form fields for trustee information: Name, Address, Soc. Sec. No., Birthdate, Phone



**Remove Account Owner:**

I authorize UANWFCU to Remove (name) \_\_\_\_\_ as joint owner from said account(s), effective \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Authorization**

By signing below, I/We agree to the terms and conditions of the Membership and Account Agreement, Account Card, Truth-In-Savings Rate and Fee Schedules, Funds Availability Policy Disclosure, 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 a Check 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 Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Credit Union Use Only**

Membership Officer \_\_\_\_\_ Date \_\_\_\_\_

Additional member info \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_