



ACCOUNT CHANGE

MEMBER INFORMATION			
Account Number	Primary Member		
Address		City, State, Zip	
Primary Phone	Secondary Phone	Business Phone	Email Address

NEW SERVICES			
SAVINGS ACCOUNTS: <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> MONEY MARKET PLUS <input type="checkbox"/> IRA <input type="checkbox"/> HOLIDAY CLUB <input type="checkbox"/> OTHER	CERTIFICATES: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> IRA CERTIFICATE <input type="checkbox"/> YOUTH CERTIFICATE	CHECKING ACCOUNTS: <input type="checkbox"/> KASASA CASH <input type="checkbox"/> KASASA CASH BACK <input type="checkbox"/> BASIC <input type="checkbox"/> FRESH START <input type="checkbox"/> IT'S MY MONEY	CARD ACCESS: <input type="checkbox"/> ATM CARD <input type="checkbox"/> DEBIT CARD

SUBSEQUENT ACTIONS
I authorize Credit Union West to make the following changes to the above indicated account: <input type="checkbox"/> Account Owner Addition - The above account is a multiple-party account with rights of survivorship. <input type="checkbox"/> Beneficiary Change Name Change: <input type="checkbox"/> Primary <input type="checkbox"/> Joint Previous Name _____

JOINT MEMBER INFORMATION			
<input type="checkbox"/> New Full Name	Birth Date	Mother's Maiden Name	Social Security Number/TIN
Address City, State, Zip		Primary Phone	Secondary Phone
Email Address	1st I.D.	Exp. Date	2nd I.D.
Employer	Occupation		Business Phone

JOINT MEMBER INFORMATION			
<input type="checkbox"/> New Full Name	Birth Date	Mother's Maiden Name	Social Security Number/TIN
Address City, State, Zip		Primary Phone	Secondary Phone
Email Address	1st I.D.	Exp. Date	2nd I.D.
Employer	Occupation		Business Phone

JOINT MEMBER INFORMATION			
<input type="checkbox"/> New Full Name	Birth Date	Mother's Maiden Name	Social Security Number/TIN
Address City, State, Zip		Primary Phone	Secondary Phone
Email Address	1st I.D.	Exp. Date	2nd I.D.
Employer	Occupation		Business Phone

PAYABLE ON DEATH DESIGNATION

All parties are designated as beneficiary(s):

1. Name	Relationship	2. Name	Relationship
3. Name	Relationship	4. Name	Relationship

Single Party Multiple Party with Right(s) of Survivorship

I understand that some conditions may apply. (Refer to your Membership Agreement for details.)

Member Signature: **X** _____ Date: _____

AUTHORIZATIONS

By signing below I/we acknowledge and agree: (1) that the information provided is accurate, complete, and true and that the Credit Union may rely on the information, now and in the future, (2) to the terms and conditions of the Consumer Membership Agreement, the Truth in Savings Disclosure, Privacy Policy, Funds Availability Policy, Electronic Fund Transfer Disclosure, Consumer Rate Schedule, Consumer Fee Schedule and any amendments the Credit Union makes from time to time which are incorporated herein, and I/we acknowledge receipt of and agree to their terms, (3) the Credit Union is hereby authorized to verify my/our income and, employment through any source necessary, (4) I/we agree that if the Credit Union, during the course of its review of my/our credit for any purpose, identifies an opportunity where a Credit Union product may be of benefit to me/us, the Credit Union has my/our permission to advise me/us of such an opportunity. (5) I/we understand that additional information may be needed to process my/our requests and will provide such information upon request, (6) By providing your email address you are hereby giving consent to receive email communication, and (7) all information furnished will be used solely in connection with my/our financial relationship with, and remain the property of the Credit Union.

Primary Member Signature: **X** _____ Date: _____

Joint Member Signature: **X** _____ Date: _____

Joint Member Signature: **X** _____ Date: _____

Joint Member Signature: **X** _____ Date: _____

**Notary not required if signature verified by Credit Union West*

(Name) _____ appeared before me on _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address.

1. _____ Number: _____ Exp. Date _____

2. _____ Number: _____ Exp. Date _____

Signature _____ Date _____

Notary Stamp Date _____

Notary Signature

(Name) _____ appeared before me on _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address.

1. _____ Number: _____ Exp. Date _____

2. _____ Number: _____ Exp. Date _____

Signature _____ Date _____

Notary Stamp Date _____

Notary Signature

(Name) _____ appeared before me on _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address.

1. _____ Number: _____ Exp. Date _____

2. _____ Number: _____ Exp. Date _____

Signature _____ Date _____

Notary Stamp Date _____

Notary Signature

NOTES

