

<b>MEMBER VERIFICATION</b> _____	<b>MEMBER NUMBER</b>	<b>EFFECTIVE DATE</b>
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> REMOVE BENEFICIARY	<input type="checkbox"/> ADD JOINT OWNER
<input type="checkbox"/> REMOVE JOINT OWNER	<input type="checkbox"/> NAME CHANGE – PRIMARY ACCOUNT HOLDER	<input type="checkbox"/> NAME CHANGE – JOINT OWNER
<input type="checkbox"/> OTHER _____		

<b>PRIMARY NAME</b>			
<b>PHYSICAL ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>MAILING ADDRESS (IF DIFFERENT)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME TELEPHONE</b>	<b>ALTERNATE TELEPHONE (work or cell)</b>	<b>EMAIL ADDRESS</b>	

**New Joint Owner**

<b>NAME</b>	<b>EMAIL ADDRESS</b>	<b>S.S. #</b>	<b>DOB</b>	<b>DRIVERS LICENSE NO./STATE</b>
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>MOTHERS MAIDEN NAME</b>
<b>NAME</b>	<b>EMAIL ADDRESS</b>	<b>S.S. #</b>	<b>DOB</b>	<b>DRIVERS LICENSE NO./STATE</b>
<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>MOTHERS MAIDEN NAME</b>

**Removed Beneficiary**

<b>BENEFICIARY NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP</b>	<b>S.S. #</b>	<b>DOB</b>	<b>PH. NO.</b>	<b>%</b>
<b>BENEFICIARY NAME</b>	<b>ADDRESS</b>	<b>RELATIONSHIP</b>	<b>S.S. #</b>	<b>DOB</b>	<b>PH. NO.</b>	<b>%</b>

**Removed Joint Owner**

<b>NAME</b>	<b>DRIVERS LICENSE NO./STATE</b>
<b>NAME</b>	<b>DRIVERS LICENSE NO./STATE</b>

**Overdraft Protection**

By signing below, Your overdrafts [except those resulting from everyday debit card transactions and automated teller machine (ATM) transactions] will now be covered by transferring funds from Your Loan/Sub Account I.D. identified below in the following order (specify priority by number).

Priority	Source	Loan/Sub Account ID
1		
2		

**Signatures**

You hereby authorize Campus Federal Credit Union to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). If You are designating an authorized signer, You understand that unless We receive written instructions to the contrary, such individuals are authorized to deposit and withdraw funds from each Account designated herein and transact any other business related to such Accounts now or in the future, and We are further authorized to pay out funds and/or transact any other business related to such Accounts with any one of those individuals. Your signature below is Your continuing authorization for Campus Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

If You are removing Yourself as a joint owner of the Account named herein, You acknowledge that such removal will not become effective unless and until all Account owners of record have agreed by affixing their signature herein. It is understood that such removal will only apply to said Account.

**The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Primary Owner Signature	Date	Joint Owner Signature	Date
Joint Owner Signature	Date		

**Taxpayer Identification and Backup Withholding**

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien) ; and (4) You are exempt from FATCA reporting.

**INSTRUCTION TO SIGNER.** If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

**DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.**