CAMPUS FEDERAL®
P.O. Box 98036 • Baton Rouge, LA 70898
(888) 769-8841 • (225) 769-8841

Business Account Change Form

MEMBER NUMBER	EFFECTIVE DATE

☐ CHANGE OF ADDRESS/PHONE ☐ ADD AUTHORIZED SIGNER ☐ REMOVE AUTHORIZED SIGNER ☐ NAME CHANGE ☐ OTHER _____

ACCOUNT NAME			
PHYSICAL ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS *(IF DIFFERENT)*	CITY	STATE	ZIP
BUSINESS TELEPHONE	ALTERNATE TELEPHONE	EMAIL ADDRESS	

BUSINESS OWNER/OFFICER #1 NAME/AUTHORIZED SIGNERS		S.S. #	BIRTHDATE	DRIVERS LICENSE NO./STATE
STREET	CITY	STATE	ZIP	EMPLOYER
BUSINESS OWNER/OFFICER #2 NAME		S.S. #	BIRTHDATE	DRIVERS LICENSE NO./STATE
STREET	CITY	STATE	ZIP	EMPLOYER
BUSINESS OWNER/OFFICER #3 NAME		S.S. #	BIRTHDATE	DRIVERS LICENSE NO./STATE
STREET	CITY	STATE	ZIP	EMPLOYER

Authorized Signers

AUTHORIZED SIGNER	POSITION/TITLE	SIGNATURE
AUTHORIZED SIGNER	POSITION/TITLE	SIGNATURE

Remove Signers

AUTHORIZED SIGNER	POSITION/TITLE	EFFECTIVE DATE
AUTHORIZED SIGNER	POSITION/TITLE	EFFECTIVE DATE

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. 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.

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

_____ Business Owner/Officer #1 Signature Date

_____ Business Owner/Officer #2 Signature Date

_____ Business Owner/Officer #3 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; (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.

For Credit Union Use Only:

_____ OFAC _____ ChexSystems

Date _____ Updated By _____ Member Verification _____

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