

Account Update Form

Check all that apply:

- Update Name
- Add Joint Member
- Add Social Security Number
- Other : _____

Account #: _____

Order ATM/Debit Card

Open Share Account:

Primary Member			
First Name		Middle Name/Initial	Last Name
Residence Address (NO P.O. BOXES)			City, State Zip
Home Phone		Cell Phone	Mother's Maiden Name
Date of Birth	Social Security Number	Gov't ID Type	ID Number
Primary Email		Alternate Email	
Employer		Occupation	Work Phone
Mailing Address (If different from Residence Address)			City, State Zip
Joint Member			
First Name		Middle Name/Initial	Last Name
Residence Address (NO P.O. BOXES)			City, State Zip
Home Phone		Cell Phone	Mother's Maiden Name
Date of Birth	Social Security Number	Gov't ID Type	ID Number
Primary Email		Alternate Email	
Employer		Occupation	Work Phone
Mailing Address (If different from Residence Address)			City, State Zip

Please Read Carefully and Sign This Authorization

You are verifying – under penalty of perjury – that all statements and information contained herein are true and correct, that the Taxpayer Identification Number (TIN) is correct and that you are NOT subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding. You further certify that you are a U.S. person (including a U.S. Resident Alien), and that you are exempt from FATCA reporting. If you are not a U.S. person or U.S. Resident and do not have a U.S. TIN, you must complete Form W-8BEN and agree to renew the form every 3 years. You understand joint owners and co-owners and each person named as owner may use the account individually. Joint owners have the right of survivorship on the account. Your signature below also certifies that you have received a copy of the Credit Union's Truth-In-Savings (TIS) Account Disclosure and Agreement or, in the event that the account is applied via mail, that you will notify the Credit Union if a TIS Disclosure and Agreement is not received within ten (10) working days from the date of this application is mailed and/or submitted. You also agree to the terms and conditions of the Privacy Policy and any amendments which may be made by the Credit Union. By signing below, you authorize the Credit Union to receive and exchange credit, income and employment information and permit the CU to verify this information from whichever sources it deems necessary, and may, now and in the future, provide others with information regarding your credit history, to the extent permitted by law. You agree that all owners of any account requested herein agree to the terms, conditions and covenants of the agreements applicable to each account as set forth in the Disclosure and Agreement. Your acceptance and/or use of any remote access services (such as ATM cards or Phone Assistance Line Services) shall certify your agreement to be bound by the agreements covering such services in the Credit Union's Disclosure and Agreement and Electronic Services Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Primary Member

Date

Joint Member

Date

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