

ACCOUNT CHANGE REQUEST

Date _____ Member Number _____

Choose One	<input type="checkbox"/> Add Joint Owner	<input type="checkbox"/> Remove Joint Owner	<input type="checkbox"/> Change Address/Email/Phone
	<input type="checkbox"/> Add Custodian	<input type="checkbox"/> Remove Custodian	<input type="checkbox"/> Name Change (formerly)
	<input type="checkbox"/> Add Trustee	<input type="checkbox"/> Remove Trustee	
	<input type="checkbox"/> Add Representative Payee	<input type="checkbox"/> Remove Representative Payee	
	<input type="checkbox"/> Add Conservator	<input type="checkbox"/> Remove Conservator	<input type="checkbox"/> Order Visa® Debit Card*



Please Note:
To change your name on your account(s), you will need to provide a copy of your updated Driver's License or State ID, as well as your Social Security Card or Social Security document noting the name change request.

Account(s) To Be Changed (Check all that apply)	<input type="checkbox"/> Primary Savings	Kasasa Cash® Checking	Youth Checking	<input type="checkbox"/> Estate ¹
	<input type="checkbox"/> Money Market*	Kasasa Cash Back® Checking	Vacation Club*	<input type="checkbox"/> Trust
	<input type="checkbox"/> Secondary Savings*	Kasasa Saver® with Kasasa Cash® Checking	Education Club*	<input type="checkbox"/> Other
	<input type="checkbox"/> Renewal Checking	Kasasa Saver® with Kasasa Cash Back® Checking	Holiday Club* Certificate	
	<input type="checkbox"/> Round Up Savings*			

1. Not applicable for Estate Accounts

PRIMARY ACCOUNT OWNER, REVOCABLE LIVING TRUST OR ESTATE NAME			
Last Name/Estate Name/Trust Name	First Name	Middle Initial	
Physical Street Address	City	State	Zip
Mailing Address	City	State	Zip
Social Security/Taxpayer I.D. Number	Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	E-mail Address	
Driver's License Number	State Issued	Date Issued	Expiration Date
Employer	Occupation/Title	No. Years Employed	

CHOOSE ONE (Optional)**	Add Joint Account Owner* Add Custodian	Add Trustee Add Representative Payee	Add Conservator Remove Joint Account Owner	Remove Custodian Remove Trustee	Other:
Last Name		First Name			Middle Initial
Physical Street Address		City		State	Zip
Home Phone		Work Phone		E-mail Address	
Social Security/Taxpayer I.D. Number		Date of Birth		Mother's Maiden Name	
Driver's License Number		State Issued	Date Issued	Expiration Date	
Employer		Occupation/Title		No. Years Employed	
How are you eligible for Credit Union membership?					

CHOOSE ONE (Optional)**	Add Joint Account Owner* Add Custodian	Add Trustee Add Representative Payee	Add Conservator Remove Joint Account Owner	Remove Custodian Remove Trustee	Other:
Last Name		First Name			Middle Initial
Physical Street Address		City		State	Zip
Home Phone		Work Phone		E-mail Address	
Social Security/Taxpayer I.D. Number		Date of Birth		Mother's Maiden Name	
Driver's License Number		State Issued	Date Issued	Expiration Date	
Employer		Occupation/Title		No. Years Employed	
How are you eligible for Credit Union membership?					

* For a new membership, joint owner(s) equally own all funds with right of survivorship on ALL accounts.

** To add or remove a beneficiary on your account, please use the **Beneficiary Designation Form**.

CHOOSE ONE (Optional)**	Add Joint Account Owner* Add Custodian	Add Trustee Add Representative Payee	Add Conservator Remove Joint Account Owner	Remove Custodian Remove Trustee	Other:
Last Name		First Name		Middle Initial	
Physical Street Address		City		State	Zip
Home Phone		Work Phone		E-mail Address	
Social Security/Taxpayer I.D. Number		Date of Birth		Mother's Maiden Name	
Driver's License Number		State Issued	Date Issued	Expiration Date	
Employer		Occupation/Title		No. Years Employed	
How are you eligible for Credit Union membership?					

Taxpayer Identification Number Certification and Backup Withholding Information

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701.7)
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signatures

By signing this application you hereby make application for membership in APCU/Center Parc and agree to conform to its By-law and amendments thereof and subscribe for at least one share.

By signing this application, you agree to the terms and conditions of the Membership Account Agreement, Truth-In-Savings with Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment APCU/Center Parc makes from time to time. You acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. You agree: (a) APCU/Center Parc can use credit reporting agencies or otherwise verify the information, including but not limited to employment and income information on this Membership Application for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) APCU/Center Parc can tell others about its credit experience with you and obtain information from others about your credit history and performance. (c) you authorize your wireless operator to disclose to us your account number, subscriber, device and billing information if available, to support verification of your identity. Where applicable, this information may also be shared by us with other companies to support your transactions and for fraud avoidance purposes. You can find more detail about how we use your data in our Privacy Policy. If the account is opened by mail, APCU/Center Parc will forward all account disclosures to you within 10 business days in accordance with established policy. Your signature acknowledges acceptance of this policy. **The Internal Revenue Service does not require consent to any provision of this document other than certifications required to avoid backup withholding.**

Primary Account Owner Signature	Date
Joint/Custodian/Trustee/Executor/Conservator/Representative Payee Account Owner Signature	Date
Joint/Trustee/Executor Account Owner Signature	Date
Joint/Trustee/Executor Account Owner Signature	Date

For APCU/Center Parc Use Only

OFAC Verified By: _____
 Account Updated By: _____ Teller Number: _____ Date: _____