

Effective Date

Membership Number

Change to **Current** Address/Phone  
 **Add** Joint Owner/Beneficiary  
 Name Change

**New** Address/Phone  
 **Remove** Joint Owner/Beneficiary

**Primary Owner Information**

Name (First, Last, MI & Suffix, or Name of Trust)		Birth Date	
Physical Address		City	State Zip
Mailing Address (if different than above)		City	State Zip
Phone Number	Mobile Phone	Email Address	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation

**Joint Owner Information**

Joint Owner  Trustee  Custodian  Attorney-In-Fact  Other Specify: \_\_\_\_\_

Name (First, Last, MI & Suffix)		Birth Date	
Physical Address		City	State Zip
Mailing Address (if different than above)		City	State Zip
Phone Number	Email Address	Email Address	
Social Security Number	Driver's License Number/State/Issue Date/Expiration Date	Employer	Occupation

**Account Beneficiary Add/Change**

In the event of your death, you hereby designate the following beneficiary(ies):

Beneficiary 1 - Name		Birth Date	
Address	City	State	Zip
Social Security Number	% Ownership		
Beneficiary 2 - Name		Birth Date	
Address	City	State	Zip
Social Security Number	% Ownership		
Beneficiary 3 - Name		Birth Date	
Address	City	State	Zip
Social Security Number	% Ownership		
Beneficiary 4 - Name		Birth Date	
Address	City	State	Zip
Social Security Number	% Ownership		

## Signatures

You hereby authorize DayMet 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 DayMet 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.**

Applicant's (Primary Owner) Signature	Date	Owner 2 Signature	Date
Owner 3 Signature	Date	Owner 4 Signature	Date

## Credit Union Use Only

Date _____	Updated by _____	Member Verification _____
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**ACCOUNTS INSURED UP TO \$500,000**



American Share Insurance insures each account up to \$250,000. Excess Share Insurance Corporation provides up to an additional \$250,000 of insurance per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. **MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.**