

CU Use: Account # _____ Primary Member Name: _____



Account Change Form

Add or Remove Joint Owners or Beneficiaries

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600

Account Number: _____

Account Agreement

I/We agree that the changes on this Account Change Form amend the terms and conditions of any previous agreement with the Credit Union and are subject to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, and Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the agreements and disclosures applicable to the accounts and services requested. I/we will hold the credit union harmless for actions regarding account access. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure I/we authorize CSLA-FCU to verify all information supplied herein, and to verify my/our creditworthiness. I/we may request the name and address of any credit bureau from which CSLA-FCU receives a credit report on me/us. I/we promise that everything I have stated in this Account Change Form is correct to the best of my/our knowledge. If there are any important changes I/we will notify the credit union in writing immediately. It is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to federal or state chartered credit unions insured by NCUA.

Change of Account Ownership

Complete this section if you wish to add or remove account owners.

Remove Account Owners

I/We hereby request that you **REMOVE** the following persons as joint account owners from the account listed above:

Add Account Owners (Use additional sheets if necessary)

I/We hereby request that you **ADD** the following persons (and any persons listed on any additional sheets attached hereto) as joint account owners to the Account listed above.

ID IS REQUIRED FOR ADDITION OF ANY JOINT ACCOUNT OWNER

Joint Owner (Use additional sheets if necessary)

Name: (First, Middle Initial, Last):

Home Address:

Mailing Address (if different):

CU Use

Social Security:

Email Address:

Drivers License, State ID or other ID#

Drivers License State ID Passport
 Military ID Other:

Date of Birth:

State of Issuance:

ID Issue Date:

ID Expiration Date:

Home Phone:

Cell:

Work:

Employment: Not employed Retired Minor Student School Name:

Employer Name:

Occupation:

Employer Address:

Joint Owner Signature:

Date:

Two forms of ID are required. One ID must be an unexpired government issued photo ID.

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. We will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask for your drivers' license and other identifying documents.

CU Use: Account # _____ Primary Member Name: _____

Change of Pay-On-Death Payees (Beneficiaries)

Complete this Section if you wish to add or remove pay-on-death payees.

I/We hereby request that the Credit Union change the pay-on-death payees (beneficiaries) on the account listed above to the following:

Beneficiary Name:	Social Security #
Address:	Distribution%

Beneficiary Name:	Social Security #
Address:	Distribution%

Distribution will be made equally unless indicated differently above. For joint accounts, the POD payee designation becomes effective ONLY after the death of all joint owners. Between POD payees, there is no right of survivorship. If additional POD payees are desired, attach a separate sheet.

Services Application

ATM/Debit Card for New Joint Owner (checking account required) Order Checks

Please provide info on Online Banking e-Statements Loans Mobile Banking _____

Request for Taxpayer Identification Number

Part I Taxpayer Identification Number (TIN)	Social Security Number (SSN)
Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). However, for a registered alien, sole proprietor, or disregarded entity, see Part I of "Specific Instructions" to Payer's Request for Taxpayer Identification Number and Certification in the Instructions to IRS Form W-9. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN in "Specific Instructions," Part I. Note: If the account is in more than one name, see the chart in the Instructions to IRS Form W-9 for guidelines on "What Name and Number to Give the Requester."	_____ - _____ - _____ OR Employer Identification Number (EIN) _____ - _____ - _____

Part II Certification	
By signing below, you certify, under the penalties of perjury, that:	
1. The number shown on this form is your correct Taxpayer Identification Number (or you are waiting for a number to be issued to you), and	
2. 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 a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and	
3. You are a U.S. person (including a U.S. resident alien).	
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 or dividends on your tax return.	

Sign Here	Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
	Signature of Primary Account Owner > _____	Date > _____

This Account Change Form shall not become effective until it has been properly completed, received by the Credit Union, and the Credit Union has had a reasonable opportunity to act on it. I/We agree that any payment by the Credit Union in connection with this Account Change Form shall be valid and shall discharge the Credit Union from any liability to me/us. I/We agree to indemnify the Credit Union for any payment made on this account by the Credit Union in good faith and in reliance on the terms and conditions contained in any previous membership application or account signature card before the Credit Union had a reasonable opportunity to act on this Account Change Form. I/We agree to indemnify the Credit Union and its agents, employees, officers, directors, and volunteers from and against any and all liability, loss, costs, damages, attorneys' fees, and other expenses the Credit Union or its agents, employees, officers, directors, or volunteers may become obligated to pay in connection with the Credit Union's acceptance of this Account Change Form. This Account Change Form supersedes any previous agreement with the Credit Union. I/We agree that I/we will not transact any business under the previous terms of the account.

All persons in whose names the account is presently held and who have a present right of withdrawal must sign this form.

Date: _____	_____	_____
	Print Name	Signature
	_____	_____
	Print Name	Signature
	_____	_____
	Print Name	Signature
	_____	_____
	Print Name	Signature

Credit Union Use: MSR Name: _____ ChexSystems: _____ Change Date: _____ Scanned date: _____