

ACCOUNT CHANGE FORM



ACCOUNT NUMBER: _____ ACCOUNT NAME: _____ DATE: _____

I / We authorize MWD Federal Credit Union to make and accept the following changes to the following account. (Complete ONLY the sections that affect your changes below.)

MEMBER INFORMATION

CHANGE REASON _____
FULL LEGAL NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
PHONE (home): _____ (cell): _____
EMAIL: _____
DATE OF BIRTH: _____ SSN: _____
DRIVER'S LICENSE #: _____
EMPLOYER: _____
EMPLOYER'S ADDRESS: _____
EMPLOYER'S PHONE (required): _____

JOINT ACCOUNT HOLDER INFORMATION

ADD
FULL LEGAL NAME: _____
ADDRESS: _____
CITY/STATE: _____ ZIP: _____
PHONE (home): _____ (cell): _____
EMAIL: _____
DATE OF BIRTH: _____ SSN: _____
DRIVER'S LICENSE #: _____
EMPLOYER: _____
EMPLOYER'S ADDRESS: _____
EMPLOYER'S PHONE (required): _____
MOTHER'S MAIDEN NAME: _____

DESIGNATED PAY-ON-DEATH-BENEFICIARY(IES)

ADD CHANGE REMOVE
NAME (1): _____ BIRTH DATE: _____
ADDRESS: _____
RELATIONSHIP: _____
NAME (2): _____ BIRTH DATE: _____
ADDRESS: _____
RELATIONSHIP: _____

SAVINGS

ADD CHANGE REMOVE REOPEN
Choose Account to Open:
 MONEY MARKET
 SPECIAL SAVINGS OTHER _____

CHECKING

ADD CHANGE REMOVE REOPEN
Choose Account to Open:
 SHARE DRAFT CHECKING FREE SHARE DRAFT CHECKING

OVERDRAFT PROTECTION FOR CHECKING ACCOUNTS

I authorize MWD Federal Credit Union to pay any overdraft to my Share Draft Checking Account in accordance with the option I have initialed below:

- Yes, I want all overdrafts on my Share Draft Checking Account to be cleared by a transfer from my Regular Share Account. The transfer will be in exact increments needed to clear the written check. Please note that automatic transfers are limited to six per month from a Regular Share Account.
- No, I do not want overdraft protection on my Share Draft Checking Account. I understand that without it, I will be charged an NSF fee for each returned check.

INFORMATION TO BE PRINTED ON YOUR CHECKS

Before ordering, a deposit must be made to cover the entire cost of the checks.

- SAME ADDRESS AS SHOWN
 DIFFERENT ADDRESS: _____

 DRIVER'S LICENSE # (optional)

PHONE: _____

STARTING CHECK #: _____

CHECK STYLE: DUPLICATE SINGLE CHECK DESIGN: _____

ATM/DEBIT CARD SERVICES

(ATM Cards are available for members opening just a Regular Share Account)

- JOINT VISA® DEBIT CARD
 JOINT ATM CARD
 NO JOINT CARD(S)

ACCOUNT CHANGE FORM



TIN CERTIFICATION AND BACK-UP 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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to verify this section.

Exempt payee code (if any) _____ Exempt from FATCA reporting code (if any) _____

AUTHORIZATION

In this Membership Application, "I" and "My" means each and every person who signs below. "You" and "Your" mean MWD Federal Credit Union. I understand that I will be given access to ET (Express Teller Audio Response) and the Online Banking System. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Account Agreement, Truth in Savings Disclosure, the Funds Availability Policy Disclosure, the Schedule of Fees and Charges, and the Electronic Transfers Disclosure and Agreement, which I will receive upon opening my account. I understand and agree that this Membership Application shall govern all Savings and Checking Accounts, the ATM Card, the Visa Debit Card, ET, and other accounts designated above.

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Membership Application and other information you may receive.

My signature below and use of the account will confirm my agreement to be bound to and my acceptance of the terms and conditions described on this Membership Application. Note: The Internal Revenue Service does not require my consent to any provisions of this document other than the certification required to avoid backup withholding.

_____	_____	_____	_____
Primary Account Holder	Date	Joint Account Holder	Date

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. What this means for me: When I open an account, you will ask for my name, address, date of birth and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

FOR CREDIT UNION USE ONLY

PRIMARY ACCOUNT HOLDER

VERIFICATION OF ID: _____
TYPE OF DOCUMENT: _____ ID #: _____
PLACE OF ISSUANCE: _____ DATE OF ISSUANCE: _____
EXPIRATION DATE: _____ NON-DOCUMENTARY: _____
OFAC: _____ CHEX SYSTEM: _____
DEBIT/ATM CARD ORDERED: _____ CUSA: _____
OPENED BY/DATE: _____

JOINT ACCOUNT HOLDER

VERIFICATION OF ID: _____
TYPE OF DOCUMENT: _____ ID #: _____
PLACE OF ISSUANCE: _____ DATE OF ISSUANCE: _____
EXPIRATION DATE: _____ NON-DOCUMENTARY: _____
OFAC: _____ CHEX SYSTEM: _____
DEBIT/ATM CARD ORDERED: _____ CUSA: _____
OPENED BY/DATE: _____