



**SUBSEQUENT ACTIONS**

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

**TYPE OF CHANGE** (Please indicate the type of change and complete only the information that affects the change.)

<b>Member/Owner Information</b>	<input type="checkbox"/> CHANGE	<b>Joint Owner(s) Information</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
<b>Agent</b>	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>POD/Trust Beneficiary</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE
<b>Other</b> _____	<input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> REMOVE	<b>Account Type/Services</b>	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REMOVE

**OWNERSHIP INFORMATION CHANGES**

<b>Member/Owner</b> _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone ( ) _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone ( ) _____	Employment _____
E-mail _____	

The account(s) is a Joint Account     **With Survivorship**     **Without Survivorship**

**Joint Owner:** If required by the Credit Union, removal of a Joint Account Owner requires consent of all owners, and we will hold Credit Union harmless for actions regarding account access. The removed joint account owner(s) relinquishes ownership interest including any membership share in the account(s) set forth on the reverse side. This relinquishment does not affect my/our obligation on any loan accounts.

<b>Joint Owner</b> _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone ( ) _____	Password _____
Work Phone ( ) _____	E-mail _____

<b>Joint Owner</b> _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone ( ) _____	Password _____
Work Phone ( ) _____	E-mail _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account  All Accounts  Designate specific account(s) \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_  
 Street \_\_\_\_\_ Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Agency Print Name of Agent \_\_\_\_\_  
 Signature \_\_\_\_\_ (date) \_\_\_\_\_

All Accounts  Designate specific account(s) \_\_\_\_\_

Other \_\_\_\_\_  See Account Authorization Card

ACCOUNT TYPE

ACCOUNT SERVICES

Share/Savings \_\_\_\_\_  Overdraft Protection (indicate transfer priority below) \_\_\_\_\_

Share Draft/Checking \_\_\_\_\_  ATM Card \_\_\_\_\_

Money Market \_\_\_\_\_  Debit Card \_\_\_\_\_

Share Certificate/Certificate \_\_\_\_\_  Audio Response \_\_\_\_\_

Other \_\_\_\_\_  PC Access/Internet Banking \_\_\_\_\_

Other \_\_\_\_\_

AUTHORIZATION

I/We agree that the changes on this Card amend the previously signed Account Card 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 a copy of the Agreements and Disclosures applicable to the accounts and services requested above. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Date Signature Date

X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Date Signature Date

**CREDIT UNION USE ONLY**  See Account Authorization Card  See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

Credit Report  Check Verify  PIN Request  
 Access Card  Audio Response  PC Access/Internet Banking

# MEMBER IDENTITY INFORMATION & VERIFICATION CARD

## EM FEDERAL CREDIT UNION

50 W Iron Avenue  
Mesa, AZ 85210  
Ph: (480) 633-4435

### 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 to you:** When you open an account, we ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### MEMBER IDENTITY INFORMATION

Member/Owner: \_\_\_\_\_ Member No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Residence Physical Address \_\_\_\_\_  
(if different than  
 Business address given above) \_\_\_\_\_

Occupation (for individual): \_\_\_\_\_ Employer: \_\_\_\_\_

Nature of Business (for business): \_\_\_\_\_

### GOVERNMENT ISSUED IDENTIFICATION NUMBER

SSN/EIN: \_\_\_\_\_

If you do not have a SSN/EIN you must provide AT LEAST ONE of the following:

Individual Taxpayer Identification Number: \_\_\_\_\_  Alien Identification Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country: \_\_\_\_\_

Other Government Issued Document No: \_\_\_\_\_ Country: \_\_\_\_\_  
(with photograph or similar safeguard)

Describe Document: \_\_\_\_\_

### NOTARY INFORMATION

Complete if required by your credit union:

I certify that the information provided above is my true and correct identity information.

Signed \_\_\_\_\_ DATE \_\_\_\_\_  
MEMBER/OWNER

State of \_\_\_\_\_, County of \_\_\_\_\_

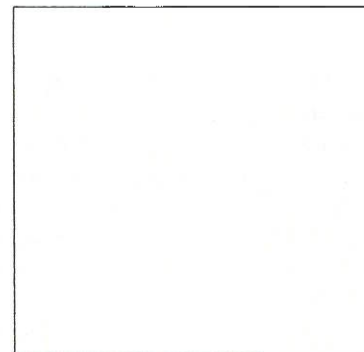
City, Town, Village of \_\_\_\_\_

This person named hereon personally came before me and signed above on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on \_\_\_\_\_, 20\_\_\_\_.

NOTARY SIGNATURE \_\_\_\_\_

**For Notary Seal**  
(or, use this area if  
credit union requires a thumb print  
identification)



PRINTED NAME \_\_\_\_\_

**LOANLINER**

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**FOR CREDIT UNION USE ONLY:**

**DOCUMENTARY VERIFICATION**

**Individuals**

- Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Student ID No: \_\_\_\_\_ School: \_\_\_\_\_
- Passport No: \_\_\_\_\_ Date: \_\_\_\_\_ Country: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Employee ID No: \_\_\_\_\_ Employer: \_\_\_\_\_
- Other Document No: \_\_\_\_\_ Describe Document: \_\_\_\_\_  
Issuing Authority: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Businesses and Other Organizations**

- Certified Articles of Incorporation Dated: \_\_\_\_\_ State: \_\_\_\_\_
- Partnership Agreement Dated: \_\_\_\_\_ Names of Partners: \_\_\_\_\_
- Business License No: \_\_\_\_\_ Date: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Trust Instrument Dated: \_\_\_\_\_ Name of Grantor(s): \_\_\_\_\_
- Other documents showing existence of entity (Describe.): \_\_\_\_\_
- Financial Statement of Business (Describe business.): \_\_\_\_\_

**NON-DOCUMENTARY VERIFICATION**

- Third Party Verification (credit bureaus, public data bases) Source: \_\_\_\_\_
- Obtained References from Other Financial Institutions Name: \_\_\_\_\_
- Contacted Member by:  Phone  Mail  E-Mail
- Other Sources: \_\_\_\_\_

**DISCREPANCY DOCUMENTATION**

State any discrepancy in the identity information provided above discovered through the identity verification process and the resolution of the discrepancy. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STAFF COMPLETION DOCUMENTATION**

Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Government List(s) Checked:  Treasury CIP List  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

**CREDIT UNION TIPS**

- 1) Members seeking to open a new account must have their identity verified. An account is a formal banking or business relationship established to provide services, dealings or financial transactions.  
Examples of products or services that constitute an account are as follows:
  - Opening share, saving, certificate, IRA, or other asset accounts
  - Opening a credit account or other extensions of credit
  - Safety deposit boxes or other safekeeping servicesAn account does NOT include:
  - Check cashing
  - Wire transfer
  - Check or money order sales
- 2) If a member does not have a residential or business street address, collect the APO (Army Post Office) or FPO (Fleet Post Office) or street address of next of kin or other contact.
- 3) If a foreign business does not have a TIN, you must obtain an alternative government issued document certifying the existence of the business or enterprise.
- 4) If a member does not have a TIN but has applied for a TIN, you may open the account by confirming the application was filed and the member gets the TIN within a reasonable time after the account is opened.
- 5) When the identity of a business or organization cannot be verified, your credit union's Customer Identity Program must contain procedures for obtaining and verifying identity information of individuals with authority or control over the account, including signatories.
- 6) Credit unions must determine whether the member appears on any list of known or suspected terrorists or terrorist organizations. The lists are issued by a federal