

Member name: \_\_\_\_\_ Account #: \_\_\_\_\_

**add / remove joint owner**

**ADD / REMOVE (CIRCLE ONE) THE FOLLOWING OWNER(S) TO ACCOUNT:**

**ORDER / CANCEL:** ATM/Debit \_\_\_\_\_ Order Checks \_\_\_\_\_ # \_\_\_\_\_

**Joint Owner Name:** \_\_\_\_\_ Soc. Sec./Tax ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID Type (Driver's License or other government issued ID): \_\_\_\_\_ ID# \_\_\_\_\_

Issued by: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Joint Owner Name:** \_\_\_\_\_ Soc. Sec./Tax ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID Type (Driver's License or other government issued ID): \_\_\_\_\_ ID# \_\_\_\_\_

Issued by: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Joint Owner Name:** \_\_\_\_\_ Soc. Sec./Tax ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID Type (Driver's License or other government issued ID): \_\_\_\_\_ ID# \_\_\_\_\_

Issued by: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**tax certification / authorization** (complete if adding owners, all owner's signatures required)

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security number (SSN) Taxpayer Identification Number (TIN) shown is my correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. (check if applicable).

- Certificate of Foreign Status.** I am a foreign person (not a U.S. citizen or resident). Complete form W8BEN.  **Backup Withholding.** I am subject to backup withholding.

I/We agree to the terms and conditions of the Membership and Account Agreement, Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Electronic Funds Transfer Disclosure and to any future amendment you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. I/We authorize First Tech to obtain credit information about me/us from a credit reporting agency for the purpose of considering my/our application for any account or service provided. If requested, I/we agree to the terms and conditions of the VISA credit card agreement and any future amendment you make from time to time. For Washington residents – I/We irrevocably waive the right to dispose by will of any of my/our accounts with the Credit Union, now and in the future. *The Internal Revenue Service does not require your consent to any provision of the Account Card other than the certifications required to avoid backup withholding or establish your status as a foreign person, and if applicable, obtain a reduced rate of withholding.*

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**removing joint owner** (sign if removing owners, signature of joint owner required)

I agree to relinquish ownership interest including any membership share in the account(s) set forth above. My signature acknowledges a release of all my rights, title, and interest in the accounts listed above, and I will hold Credit Union harmless for actions regarding account access. This relinquishment does not affect my obligation on any loan account.

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Credit Union Use Only</b>		Membership Officer: _____	Branch: _____
<b>Joint:</b>	Year of SS#: _____	State _____	<b>Joint:</b> Year of SS#: _____
<b>Joint:</b>	Year of SS#: _____	State _____	State _____
<input type="checkbox"/>	Approve _____		
<input type="checkbox"/>	Overdraft Sources _____		