



PO Box 72, Chesterfield, VA 23832

[www.dupontcu.org](http://www.dupontcu.org)

804.748.9488

800.94.DFFCU

**STANDARD MEMBERSHIP AND ACCOUNT CHANGE APPLICATION**

**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.)

Member  Joint 1  Joint 2  POD Payee  Account Type/Service  Add  Change  Remove

**MEMBER INFORMATION**

Member/Owner				Member No.		
Date of Birth			SSN/TIN			Driver's Lic. No.
Street Address				City/State		
Mailing Address				City/State		
Home Phone				Work Phone		
Employer				Occupation		
E-Mail				Password		

**ACCOUNT OWNERSHIP**

Joint Owner 1			SSN/TIN			
Street				Driver's Lic. No.		
City/State/Zip				Date of Birth		

Joint Owner 2			SSN/TIN			
Street				Driver's Lic. No.		
City/State/Zip				Date of Birth		

**ACCOUNT DESIGNATIONS**

<input type="checkbox"/> Joint Account with survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.	<input type="checkbox"/> Joint Account without survivorship - On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy.
<input type="checkbox"/> Payable on Death (POD) <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ <input type="checkbox"/> Agency Name: _____ Signature: _____ <input type="checkbox"/> See Acct Authorization Card	

Payee 1			Payee 2			Payee 3		
SSN	DOB		SSN	DOB		SSN	DOB	

**ACCOUNT TYPE**

<input type="checkbox"/> Share/Savings			<input type="checkbox"/> Money Market		
<input type="checkbox"/> ShareDraft/Checking			<input type="checkbox"/> Other (Indicate Suffix*)		

\* The account number for each of the accounts listed consists of the suffix number added to the end of the Member Number listed in the "Member Information" section. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**FOR CHECKING ACCOUNTS ONLY**

<input type="checkbox"/> Check Order Form - initial box of DuPont Fibers Federal Credit Union custom checks	<input type="checkbox"/> Overdraft Protection - List the accounts in order in which you want available funds to be transferred.
Your initial check order will be one box of DuPont Fibers Federal Credit Union custom checks printed with your name, address, and other owner's name unless changes are noted here:	
	Account Type
	Account Number
	1)
	2)
Check numbers will start with 101 unless noted here:	3)
Checks are mailed within two weeks. Applicable check printing charges will be deducted from your account.	4)
	5)

**ACCOUNT SERVICES**

<input type="checkbox"/> Touch Tone/Audio Banking	<input type="checkbox"/> Internet Banking		
<input type="checkbox"/> Debit/Check Card	<input type="checkbox"/> ATM Card	Check to order additional cards for:	<input type="checkbox"/> Joint owner 1 <input type="checkbox"/> Joint owner 2

**DISCLOSURE AND AGREEMENT (Please read and sign below to complete application)**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, 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 herein. 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 and Disclosure. I/we authorize DuPont Fibers Federal Credit Union to investigate my/our employment, credit worthiness, credit history, and financial responsibility through employers or credit bureaus or by any other reasonable means, including direct contact. I/we authorize other financial institutions to give information concerning my/our account history to DuPont Fibers Federal Credit Union.

**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.

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),  |
| (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. 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 and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Signature	Date	Signature	Date
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Signature	Date	Signature	Date

**NOTARY INFORMATION**

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\_\_\_\_  
 Type of Identification presented for verification purposes: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_  
 Document Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Notary Signature: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

**NOTARY SEAL:**

**FOR CREDIT UNION USE ONLY**

Change Date	Branch #		Employee			
Acct Owner	ID Type	Place Issued	Issue Date	Ex. Date	ID #	OFAC
Doc. ID/Member						
Doc. ID/Owner 2						
Doc. ID/Owner 3						
Non-doc. ID/Member						
Non-doc. ID/Owner 2						
Non-doc. ID/Owner 3						

**E-Funds**

Member <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Joint 1 <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Joint 2 <input type="checkbox"/> Approved <input type="checkbox"/> Declined
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Changed by:	Verified by:
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