

LANDINGSTM

CREDIT UNION

Account Modification

Current Member Information

Account Number	<input type="text"/>	Primary Member Name	<input type="text"/>
Joint Owner Name(s) <input type="text"/>			
Home Phone #	<input type="text"/>	Mobile Phone #	<input type="text"/>
Work Phone #	<input type="text"/>	Email Address	<input type="text"/>
Physical Address <input type="text"/>			
Mailing Address <input type="text"/>			

Services or Changes Requested

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Physical Address Change | <input type="checkbox"/> Mailing Address Change | <input type="checkbox"/> Name Change | <input type="checkbox"/> Beneficiary Change |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Money Market Account | <input type="checkbox"/> Summer Bridge Account | <input type="checkbox"/> Holiday Bridge Account |
| <input type="checkbox"/> VISA Debit Card | <input type="checkbox"/> ATM Access Card | <input type="checkbox"/> Change Account Type | <input type="checkbox"/> Other |

Address Change

New Physical Address	<input type="text"/>		
New Mailing Address	<input type="text"/>		
New Home Phone #	<input type="text"/>	New Mobile Phone #	<input type="text"/>

Beneficiary Change

I/We designate the following as the beneficiary on this account. And as such he/she is entitled to all shares in said account upon my death, or if there is more than one joint owner, the death of all owners.

Beneficiary Name	<input type="text"/>	Home Phone #	<input type="text"/>
Beneficiary Address <input type="text"/>			

Sign Here for Services, Address or Beneficiary Change

A credit union employee must witness your signature. If not done in the presence of a credit union employee, your signature must be notarized.

Owner Signature	<input type="text"/>	Date	<input type="text"/>
Employee Witness/Notary	<input type="text"/>	Date	<input type="text"/>

By signing this form I/we agree to conform to all Landings Credit Union terms, conditions and disclosures pertaining to all Landings Credit Union accounts and services, now and in the future. I acknowledge receipt of a Membership Agreement, Truth-In-Savings Rate and Fee Schedule, and Disclosures, applicable to the account and services requested herein. I/We authorize the credit union to obtain credit information from any source necessary. Line of Credit advances will be granted according to the terms of that agreement.

Form Received By	<input type="text"/>	Date	<input type="text"/>	Completed By	<input type="text"/>	Date	<input type="text"/>
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Pass **ChexSystems** Yes/No Pass **Experian** Yes/No Pass **OFAC** Yes/No

Verified By	<input type="text"/>	Date	<input type="text"/>
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CREDIT UNION

Account Modification

Current Member Information

Account Number Primary Member Name

Joint Owner Name(s)

Ownership Change

Check to remove, add, or make no changes for each owner. Each account owner must sign to make ownership changes. The primary member may not be removed from the account. A credit union employee or notary must witness the signatures. In the event there are more signers than spaces available, please attach another form. For name changes, please provide proof of the name change. Usually documents such as drivers license or marriage certificates are sufficient. Be sure to speak to a representative about replacing checks and/or cards associated with the account. **TIN certification and backup withholding:** Under penalties of perjury, I certify that the Social Security Number (SSN) or Taxpayer Identification Number (TIN) shown is correct and that I am not subject to backup withholding because I have not been notified that I am subject to backup withholding and that I am, unless designated below, a U.S. person (including a U.S. Resident Alien). **Waiver and Relinquishment of interest in deposit account:** By checking the remove box and signing the form, you hereby waive and relinquish all of your interest in this account. The credit union is authorized and directed to remove your name from any signature cards, files, or documents pertaining to this deposit account effective on the date of this waiver. You understand that you shall have no further interest in the funds on deposit in this account or any right to receive the benefit of any such funds or account privileges. You further understand this does not relieve you of any loan obligations you may have with the credit union. Loan obligations include installment loans, revolving credit lines, and credit card accounts.

Primary Name Signature Date

Employee Witness/Notary Date

Joint Add Remove No Change

Joint Name Social Security Number Date of Birth

Joint Address

Signature Date

Employee Witness/Notary Date

Joint Add Remove No Change

Joint Name Social Security Number Date of Birth

Joint Address

Signature Date

Employee Witness/Notary Date

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Form Received By Date Completed By Date

Pass **ChexSystems** Yes/No Pass **Experian** Yes/No Pass **OFAC** Yes/No

Verified By Date

