



Authorization to Change Account Ownership - Adding Joint Owner(s)

Member Name: _____ Account #: _____

Member's Home Address: _____

Member's Home Phone Number: (____) _____ Member's Work Phone Number: (____) _____

This application applies to the following account(s): Primary Prefix

All joint owners to be listed on the account must complete information below.

Account Joint Owner Name (print)	Relationship to Member	Date of Birth	Social Security Number	(____) _____ Daytime Phone Number
Address if different from member's _____				

Account Joint Owner Name (print)	Relationship to Member	Date of Birth	Social Security Number	(____) _____ Daytime Phone Number
Address if different from member's _____				

Self-Service Telephone Transfer

I authorize SST transfers from my account to the following accounts:

Member's Name and Social Security Number _____

Member's Name and Social Security Number _____

Checking

All joint owners must be at least 12 years old. New checks need only be ordered if you are adding the joint owner(s) name(s) to the checks. Checks will be ordered in the style you currently are using. Please allow two weeks to receive your checks.

I would like to reorder checks starting with # _____.

Check Imprint - Please complete

Please print the information you want on your checks, i.e. name(s), telephone number, address, etc. Maximum imprint is 5 lines.

ATM

All individuals listed on the account must be at least 12 years old to order a ATM card in their name. Please allow five days to receive your new card.

Please issue a second ATM card on my account in the name of: _____
Print second card name (must be a joint owner)

ATM PIN: _____

Visa®

Please allow ten days to receive your new card. **Note:** An authorized cardholder who is not a co-applicant is not entitled to Visa account information. To add your joint owner as co-applicant, call 800.237.7328 nationwide or 717.234.8484 in Harrisburg.

Please issue a second Visa card on my account in the name of: _____
Print second card name (If name is other than co-applicant on your line of credit, the co-applicant must sign below to authorize this card)

Signatures - Member and all joint owners must sign

Please make the changes to my services in accordance with my instructions set forth above. I/We agree to the conditions stated in the Agreements & Disclosures, the bylaws, rules and regulations of PSECU which will be provided to me as required by law. We agree to the stated terms for each service requested on this application. From time to time, PSECU will announce additional services. My/Our use of these services will indicate my/our acceptance of the terms and conditions presented as they are announced.

I/We authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning me or my affairs and all joint owners upon request of this credit union. I/We understand that I and any or all of my joint owners have the right to request in writing, the nature and scope of the credit union's investigation.

Any negative balance created in this account shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. Repayment of this amount will be the personal obligation of all joint owners of any account owned by those individuals.

We understand that it is a federal crime to willfully or negligently provide incomplete or incorrect information on requests made to State Chartered Credit Unions insured by the National Credit Union Administration. I/We understand that PSECU will rely on all the information in this membership application to ensure membership eligibility. I/We certify under penalty Title 18, United States Code, Section 1001, et seq. that the information on this application is true and correct.

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

X
Member's Signature _____

_____ Date

X
Joint Owner's Signature _____

X _____
Joint Owner's Signature

X
Co-Applicant's Signature _____

_____ Date

