

Authorization to Remove a Joint Owner

Please mail to P.O. Box 67013, Harrisburg PA 17106-7013 or fax to 717.720.1234

PSECU[®] P.O. Box 67013
Harrisburg, PA 17106-7013
psecu.com

I acknowledge that it may be in my best interest to restrict access to my account from the person(s) that have been removed as joint owner(s). I understand that I should change my Personal Identification Number (PIN) for the account, via Self Service Telephone or psecu@home[®], and should obtain any checks, CheckCard/STAR card still in possession of those persons. I also understand that I should replace these services if I am unable to regain possession of the checks and/or cards. Please make the changes to my services in accordance with my instructions set forth below. I release the credit union from any liability for unauthorized withdrawals resulting from my failure to replace these services. Please note: A \$1 entrance fee will be charged when the account is closed and reopened. If the change is due to death, the fee will be waived. Please provide a copy of the death certificate.

Member Name _____

Account Number _____

Member Occupation (or former occupation if unemployed or retired) _____

Social Security Number _____

Account Address – If different from current account address, please call PSECU at 717.234.8484 in Harrisburg or 800.237.7328 nationwide to update your information before submitting this request. You may also change your contact information in psecu@home[®].

Date of Birth _____

Permanent Street Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

Cell Phone _____

If address is a Post Office Box, also list place of residence.

E-mail Address _____

Remove Joint Owner

Name (Print) _____

Remove Joint Owner

Name (Print) _____

Social Security Number _____

Social Security Number _____

Changes to the following require further action. This may not be a complete list. Please contact PSECU at 717.234.8484 in Harrisburg, 800.237.7328 nationwide, for more information.

- Direct Deposit
- Loans
- Account-to-Account Transfers
- Bill Payer
- Automatic Debits
- The Capitol Card[®]
- Self-Service Telephone Transfers (to/from)

Checking – Please check the appropriate box(es) below:

- I do not have Checking service
- I have Checking service and:
 - I have obtained all checks from joint owner(s). There is no need to order checks.
 - I have obtained checks from joint owner(s) and wish to reorder checks with new imprint information recorded on the right.
 - I wish to close my Checking account and open a new Checking account. The last check written was # _____ on _____ for \$ _____.

Check Imprint – Please complete:

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

Please note: Direct Deposit and automated debits and credits will be affected by this change. Please destroy existing checks in your possession.

If you were previously charged for checks, you will be charged again. Please allow 7 – 10 business days to receive your checks.

Check Card/STAR[®] Card

Members and joint owners must be at least 16 years old to receive a Check Card and 12 years old to receive a STAR card. Check Card PIN remains the same. STAR card PIN must be selected below.

- I do not have a Check Card/STAR card.
- I have a Check Card/STAR card and:
 - Please delete the second Check Card/STAR card on my account.
 - Please close existing Check Card/STAR card and issue new cards in the following names:

Please allow 7 – 10 business days to receive your card(s).

Signatures – Members and ALL joint owners MUST sign, including any owner being removed.

I/We understand that PSECU will close my current account to terminate the Joint Ownership Agreement that exists between the former account owners and PSECU, and will use the same account number to establish a new account and Joint Ownership Agreement in the names of the remaining owners.

I/We understand that in the absence of any instruction to restrict account access to my/our account, I/We accept full responsibility for the activity on my/our account and will hold PSECU harmless if my/our account is accessed by any former owner(s).

Any negative balance created by the use of the Check Card/STAR card shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. All owners agree to be liable for any negative balances, including fees and costs, created by the actions of any joint owner, in any jointly held account.

I/We, and all joint owners, agree to be bound by the agreements set forth on this authorization form and to the bylaws, rules and regulations of PSECU in effect from time to time. (Please see Agreements and Disclosures Booklet.)

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

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Please review the Internal Revenue Service W-9 form on the back and change, if necessary.

Signature of Member (Please sign in ink.) Date

Signature of Joint Owner (Please sign in ink.) Date

Signature of Joint Owner (Please sign in ink.) Date

STAR Card PIN

Complete this only if requesting a STAR card. Select a PIN that is not easily identifiable with you. Please do not use the following combination of numbers: 0000 through 0009, 9999, or the letters "Q" or "Z" as part of your PIN. PSECU does not keep your PIN on file. Note for your records.

STAR CARD PIN:

W-9 FORM - INTERNAL REVENUE SERVICE TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (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 failure to report all interest 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).

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 the appropriate W-8 if you are not a U.S. person (a non-resident alien or a foreign entity not subject to backup withholding).

Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated in PSECU’s discretion. You further agree, should illegal use occur, to waive any right to sue PSECU for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold PSECU harmless from any suits or other legal action or liability, directly or indirectly, resulting for such illegal use.

**USA Patriot Act
Identity Verification Notice**

Important information about procedures for opening a new account

To help our government fight the funding of terrorism and stop money-laundering activities, federal law requires all financial institutions, including PSECU, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Please be assured that the same strict confidentiality of your information maintained by **PSECU** will be continued as required under the **Gramm-Leach-Bliley Privacy Act and PSECU’s Privacy Policy**.

Occupation, Profession, or Business

Identify the occupation, profession or business that best describes the individual or entity.

Examples of Occupation

Attorney, car dealer, carpenter, doctor, farmer, plumber, truck driver, etc. Do not use nondescript terms such as businessman, merchant, store owner (unless store’s name is provided), or self employed. If unemployed, or retired are used enter the regular or former occupation if known.