



ACCOUNT INFORMATION UPDATE

©PSECU Form #2532 2/18

Please complete this form to update the information of the **Joint Owner/Co-Borrower/Custodian/Beneficiary/POA** on the account. Please note that we may request additional documentation.

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

MEMBER INFORMATION

MEMBER NAME _____

ACCOUNT NUMBER _____

INFORMATION OF THE JOINT OWNER/CO-BORROWER/CUSTODIAN/BENEFICIARY/POA

Please select one:

JOINT OWNER CO-BORROWER CUSTODIAN BENEFICIARY POA OTHER _____

NAME _____

SOCIAL SECURITY # OR TAX ID # _____

DATE OF BIRTH _____

PHYSICAL ADDRESS _____

HOME PHONE NUMBER _____

SIGNATURES

All signers may be subject to identity verification. In some instances, PSECU may use outside sources to confirm the information. Our privacy policy, as well as federal and state laws and regulations, protect the information you provide. By signing below, I consent to allow PSECU to obtain my consumer reports for the purpose of verifying my identity.

SIGNATURE OF MEMBER (Please sign in ink.)

DATE

SIGNATURE OF JOINT OWNER/CO-BORROWER/CUSTODIAN/BENEFICIARY/POA (Please sign in ink.)

DATE