

# ACCOUNT MAINTENANCE REQUEST

- Name Change   
  Beneficiary Add/Change   
  This change applies to all accounts  
 Add Account   
  Add Joint

MEMBER NUMBER \_\_\_\_\_ SUFFIX \_\_\_\_\_ PASSWORD \_\_\_\_\_

## MEMBER INFORMATION (PLEASE PRINT)

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FORMER NAME (FOR NAME CHANGE ONLY - ATTACH SUPPORTING DOCUMENTS) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MOTHER'S MAIDEN NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

## ADDRESS (If different from the address the Credit Union currently has on file)

STREET ADDRESS \_\_\_\_\_ APT. OR UNIT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

You hereby make application for the account(s) indicated below and/or on the reverse side which are subject to the terms of Torrance Community Federal Credit Union's Truth-In-Savings Disclosure and Electronic Services Disclosure.

NOTE: A \$5.00 minimum balance is required in your Savings Account as part of the qualifications for additional services.

**Checking Account** - Please complete Overdraft Option below.

### CHECKING OVERDRAFT OPTION

Overdrafting for share draft account will come from your Primary Share (savings) Account.

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

I want to opt out for overdraft protection. \_\_\_\_\_

Please overdraft from \_\_\_\_\_  
ACCOUNT SUFFIX \_\_\_\_\_

Please see the enclosed check order brochure, then complete the check order section included with the brochure (if applicable). The check printing fee will be deducted from your checking account.

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

Holiday Club Account (\$5 minimum to open) \_\_\_\_\_

Additional Savings Account \_\_\_\_\_

ATM Card     VISA Debit Card\* \_\_\_\_\_

SECOND CARD FOR FIRST JOINT OWNER \_\_\_\_\_

\*You must have a Credit Union Checking Account to receive a VISA Debit Card.

Other \_\_\_\_\_

Money Market Account \_\_\_\_\_

See Member Services for IRAs, CDs or loans.

**COMPLETE BOTH SIDES AND SIGN ON REVERSE BEFORE SUBMITTING TO CREDIT UNION**

## JOINT OWNER/BENEFICIARY INFORMATION

To add or change a beneficiary, please complete the information below.

**Add Joint Owner**

(If you did not originally have a joint owner and you wish to add a joint owner to all your accounts.) Please complete the information below. Both the primary member and the new joint owner must sign at the bottom. In the event of your death(s), the owner(s) hereby designate your beneficiary(ies) to receive all sums in your account(s).

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. OR UNIT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. OR UNIT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING:

You, the undersigned, apply to TORRANCE COMMUNITY FEDERAL CREDIT UNION for the account(s) and/or services indicated in this Account Maintenance Request. By signing below, you are acknowledging and agreeing to the following:

1. That you have received a copy of the Truth-In-Savings and Electronic Services Disclosure which contains all the Agreements and Disclosures affecting all deposit accounts, certificates and IRA share certificates and a copy of the Schedule of Fees and Charges.
2. That you agree to be bound by the terms and conditions applicable to each account requested now or in the future, as contained in the Truth-In-Savings and Electronic Services Disclosure.
3. That all funds paid in to any account shall be considered as being held by each owner with right of survivorship and regardless of net contribution, and that the Credit Union is under no obligation to inquire as to the source of any contribution.
4. That the Credit Union is authorized to recognize any of the signatures below for the transaction of business on any account on which the party is named as an owner.
5. That you authorize us to gather whatever credit, checking account and employment information we consider appropriate from time to time. You understand that this will assist, for example, in determining your initial and ongoing eligibility for an account. You authorize us to give information concerning our experience with you to others. You understand and agree that we may retain this signature card and any other information we may receive and that you waive your right to confidentiality of your records with the California Department of Motor Vehicles (DMV) and authorize us to obtain such information from the DMV.

### FOR CREDIT UNION USE ONLY

Teller name and #	INT
Approved By	Date
MEMBER THUMB	JOINT THUMB
Upon opening your account with the Credit Union, you may be asked to provide a thumb print as evidence of the person opening the account. Your thumb print may be used in the event of allegations of identity theft, fraud or other purpose.	

I authorize you to run a consumer report if I requested to open an account and before issuing me an ATM or VISA Debit Card.

**X**

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

**X**

SIGNATURE OF JOINT OWNER \_\_\_\_\_ DATE \_\_\_\_\_

**X**

SIGNATURE OF JOINT OWNER \_\_\_\_\_ DATE \_\_\_\_\_