



Membership Change Form

The Primary Member's signature is required for any change on any account. Please note: This form is not accepted for changes to IRA Savings or IRA Term accounts. Please clearly print all information on the application.

REQUIRED: MEMBER (PRIMARY OWNER) INFORMATION			
LAST NAME	FIRST NAME	MI	ACCOUNT #
E-MAIL ADDRESS		HOME PHONE	BUSINESS PHONE
PRIMARY OWNER'S SIGNATURE			DATE

OPTION 1: NAME CHANGE OF PRIMARY OWNER (Please provide a copy of a legal document that authorizes this action.)		
FORMER NAME	NEW NAME	SS# OR TAX ID NUMBER
FORMER SIGNATURE	NEW SIGNATURE	ACCOUNT SUFFIX (ES)

OPTION 2: ADDRESS CHANGE OF PRIMARY OWNER				
RESIDENCE ADDRESS (Number - Street)	APT #	CITY	ST	ZIP
HOME PHONE #	DAYTIME PHONE #	E-MAIL ADDRESS		
MAILING ADDRESS (if different from above)	APT #	CITY	ST	ZIP
<input type="checkbox"/> Check if above change(s) applies to current Joint Owner.				

OPTION 3: NAME CHANGE OF JOINT OWNER (Please provide a copy of a legal document that authorizes this action.)		
FORMER NAME OF JOINT OWNER	NEW NAME OF JOINT OWNER	SS # OR TAX ID #
FORMER SIGNATURE OF JOINT OWNER	NEW SIGNATURE OF JOINT OWNER	ACCOUNT SUFFIX (ES)

OPTION 4: ADD JOINT OWNER (Please provide a copy of a government issued form of identification - e.g., driver's license.)				
LAST NAME	FIRST NAME	MI	DOB	SS# OR TAX ID #
RESIDENCE ADDRESS (Number - Street)	APT #	CITY	ST	ZIP
HOME PHONE #	DAYTIME PHONE #	E-MAIL ADDRESS		
MAILING ADDRESS (if different from above)	APT #	CITY	ST	ZIP

FOR CHECKING ACCOUNTS ONLY (IF APPLICABLE)
 Do you need new checks? Yes No If yes, please indicate starting check #: _____
 Do you need a new check card? Yes No

Joint Savings Account Agreement - Quorum Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction to any business for these accounts. The joint owners of these accounts, hereby agree with each other and with said Credit Union that all sums now paid in on savings, or heretofore or hereafter paid in on savings by any or all of said owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with the right of survivorship and be subject to withdrawal or receipt of any of them and payment of any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the savings in these accounts as collateral security.

By submitting this application I certify under penalties of perjury: (1) the Social Security Number(s) or Tax Identification Number(s) on my application is correct; (2) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding due to failure to report interest or dividend income, or the IRS has notified me that I am no longer subject to backup withholding. (3) I am a US person (including a US resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE OF JOINT OWNER	ACCOUNT SUFFIX (ES)	DATE
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OPTION 5: REMOVE A JOINT OWNER (For savings and term accounts only.)				
LAST NAME	FIRST NAME	MI	DOB	SS# OR TAX ID #
RESIDENCE ADDRESS (Number - Street)	APT #	CITY	ST	ZIP
HOME PHONE #	DAYTIME PHONE #	E-MAIL ADDRESS		
MAILING ADDRESS (if different from above)	APT #	CITY	ST	ZIP
SIGNATURE OF JOINT OWNER	ACCOUNT SUFFIX (ES)	DATE		

To comply with the USA Patriot Act, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and identification number. We may also ask to see your driver's license or other identifying documents that will allow us to identify you.

PROCESSED BY	DATE	CHECKING (If new checks are required)	CHECKING ACCT. DEPARTMENT	DATE	CREDIT UNION USE ONLY
REVIEWED BY	DATE	ATM/CHECK CARD	ATM/CHECK CARD DEPARTMENT	DATE	