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Account Change Form

	MEMBER NUMBER	EFFECTIVE DATE
<input type="checkbox"/> CHANGE TO CURRENT ADDRESS/PHONE <input type="checkbox"/> NEW ADDRESS/PHONE <input type="checkbox"/> NAME CHANGE <input type="checkbox"/> ADD JOINT OWNER/BENEFICIARY <input type="checkbox"/> REMOVE JOINT OWNER/BENEFICIARY <input type="checkbox"/> ADD AUTHORIZED SIGNER <input type="checkbox"/> REMOVE AUTHORIZED SIGNER <input type="checkbox"/> SHARE TYPE/SERVICE _____		

Primary Owner Information		Social Security Number	Driver's License Number	Birth Date
Physical Address		City	State	Zip
Mailing Address (if different than above)		City	State	Zip
Phone Number	Secondary Phone Number	Email Address		

Signer 2 Information

Name (First, Last, MI & Suffix)		Social Security Number	Driver's License Number	Birth Date
Address Line 1	Address Line 2	City	State	Zip
Phone Number	Secondary Phone Number	E-Mail Address		

Signer 3 Information

Name (First, Last, MI & Suffix)		Social Security Number	Driver's License Number	Birth Date
Address Line 1	Address Line 2	City	State	Zip
Phone Number	Secondary Phone Number	E-Mail Address		

Signer 4 Information

Name (First, Last, MI & Suffix)		Social Security Number	Driver's License Number	Birth Date
Address Line 1	Address Line 2	City	State	Zip
Phone Number	Secondary Phone Number	E-Mail Address		

Account Beneficiary Change Designation

Name	Address	SSN	%	DOB
Name	Address	SSN	%	DOB
Name	Address	SSN	%	DOB

Authorized Signers

Authorized Signer #1		Position/Title		Driver's License No./State		Signature	
Street		City	State	Zip	Employer		
Authorized Signer #2		Position/Title		Driver's License No./State		Signature	
Street		City	State	Zip	Employer		

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) You are exempt from or not subject to FATCA reporting.

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

Signatures

You hereby authorize Hoosier United Credit Union to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). If You are designating an authorized signer, You understand that unless We receive written instructions to the contrary, such individuals are authorized to deposit and withdraw funds from each Account designated herein and transact any other business related to such Accounts now or in the future, and We are further authorized to pay out funds and/or transact any other business related to such Accounts with any one of those individuals. Your signature below is Your continuing authorization for Hoosier United Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicants (Primary Member) Signature

Date

Signer 2 Signature

Date

Signer 3 Signature

Date

Signer 4 Signature

Date

For Credit Union Use Only:

Membership Officer: _____ OFAC _____ FACTA (red flags)

Date _____ Updated By _____ Member Verification _____ Opt In (A-9) _____