



Membership Number: _____

ACCOUNT UPDATE REQUEST FORM

Member Information

Full Name:			
Social Security Number:	Date of Birth:	Driver's License Number or Passport Number:	
		ID No.	State:
Home Address: Street	City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Email Address:	Mother's Maiden Name:

Subsequent Actions (Change)

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

Type of Change (Please indicate the type of change)

<input type="checkbox"/> Re-Open Account	<input type="checkbox"/> Remove Joint Owner
<input type="checkbox"/> Add Joint Member <i>(Complete information below)</i>	Removed Name _____
<input type="checkbox"/> Add Beneficiary <i>(Complete information below)</i>	<input type="checkbox"/> Name Update _____
<input type="checkbox"/> Add Product <i>(Select below)</i>	

Products

<input type="checkbox"/> Checking Account <i>(Select One)</i>	<input type="checkbox"/> Custodial Savings Account	<input type="checkbox"/> Money Market Account
<input type="checkbox"/> Basic	<input type="checkbox"/> Additional Savings	<input type="checkbox"/> Kasasa Saver
<input type="checkbox"/> Kasasa Checking	<input type="checkbox"/> Holiday Savings	<input type="checkbox"/> Vacation Savings
<input type="checkbox"/> Kasasa Cash	<input type="checkbox"/> Certificate Accounts	Specify Term: _____
<input type="checkbox"/> Kasasa Cash Back		
<input type="checkbox"/> Kasasa Cash with Saver		
<input type="checkbox"/> Debit Card		

Joint Member Information

Full Name:			
Social Security Number:	Date of Birth:	Driver's License Number or Passport Number:	
		ID No.	State:
Home Address: Street	City:	State:	Zip Code:
Mailing Address: <i>If different from above address</i>	City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Email Address:	Mother's Maiden Name:
Employer's Name:	Job Title:	Work Phone:	No. of Years with Employer:
Employer's Address: Street	City:	State:	Zip Code:

Beneficiary on Payable on Death (Joint Member and P.O.D. cannot be the same person)

P.O.D. Payee's Full Name _____	Social Security No. _____	Date of Birth: _____
Address: _____	Relationship to Primary Owner: _____	
P.O.D. Payee's Full Name _____	Social Security No. _____	Date of Birth: _____
Address: _____	Relationship to Primary Owner: _____	

Disclosure Agreement

I/We hereby make an application for membership in XCEL Federal Credit Union and agree to conform to its by-laws, rules and policies now in effect and as amended or adopted in the future and subscribe to at least one share (\$5). By signing below, I/We acknowledge receipt of the Membership and Account Agreement booklet and have read the agreements and disclosures for the accounts and services requested, and I/we agree to be bound to the terms and conditions of all accounts and services that I/we may receive at XCEL Federal Credit Union now or in the future and agree that XCEL Federal Credit Union may change those terms and conditions from time to time. These terms and conditions will be disclosed in accordance with applicable state and federal laws.

Statutory Lien: If you are in default on any financial obligation to XCEL Federal Credit Union, federal law gives us the right to apply the balance of share and dividends in your account(s) at the time of default to satisfy the obligation. Once you are in default, we may exercise the right without further notice to you. I/We acknowledge and pledge to XCEL Federal Credit Union a statutory lien in my/our shares and dividends on deposits in all joint and individual accounts and any monies held by XCEL Federal Credit Union now and in the future, to the extent of any loan made and any charges payable. The statutory lien does not apply to shares in any Individual Retirement Account(s).

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, including joint account owners and authorized signers. Therefore, when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Signatures: Disclosure Agreement

By signing below, I/we acknowledge that I/we have read and agree to the information/disclosure above.

Signature of Primary Owner (Required)

X _____ Date: _____

Signature of Joint Owner (if applicable)

X _____ Date: _____

Signatures: SSN/Taxpayer Identification Number (TIN) Certification and backup withholding information

By signing below, I/we certify under penalty of perjury that (1) the Social Security Number (SSN)/Tax Identification Number (TIN) provided on this application is correct (or I am waiting for one to be issued); and (2) I am not subject to backup withholdings because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) because the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (including U.S. resident alien) unless I have checked the box below.

Please note: If part (2) of this sentence is not true in your case, please check the following box:

I am subject to backup withholding.

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

Signature of Primary Owner (Required)

X _____ Date: _____

By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Signature of Joint Owner (if applicable)

X _____ Date: _____

By checking this box, I certify that I am a non-resident alien and I have completed a Form W-8BEN.

Submission Options:

Fax: 973-528-8760 or 973-528-8761

Online: Visit XCELfcu.org and select **Become a Member** to establish an account

Mail: 1460 Broad Street, Bloomfield, NJ 07003

Branch: Visit XCELfcu.org to locate a branch office

E-mail: XCEL@XCELfcu.org

FOR CREDIT UNION USE ONLY

Teller Number:	MSR Signature:	Date of Change:
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