



ACCOUNT UPDATE FORM

MEMBER APPLICATION AND ELIGIBILITY

Name First _____	Last _____	SSN/ _____
Street _____		TIN _____
City _____		Date of Birth _____
State _____	Zip _____	Driver's Lic. No./ID No. _____ DL Exp./ID Exp. _____
Email _____		Employer _____
Home Phone _____		Work Phone _____
		Cell Phone _____

Is this a new address? **Yes** **No**

Account Updates Requested (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Add Product | <input type="checkbox"/> Add Joint Owner |
| <input type="checkbox"/> Open additional Account | <input type="checkbox"/> Add/Change Beneficiary |
| Other: _____ | |

Type of Account(s) or Product(s) Desired

Savings Account

Checking Account

- Classic Checking
- Freedom Checking
- Platinum Checking

Overdraft Protection

- Savings Only*
- Personal Line of Credit Only**
- Savings then Personal Line of Credit
- Personal Line of Credit then Savings

Visa Debit Card with Reward Points

Direct Deposit (please send me a form)

Sperry MasterCard***

Premium Savings

Club Account

- Holiday Club
- Vacation Club

Certificate of Deposit (please send me a form)

Money Market Advantage Account

- Money Market Plus
- Premiere Money Market * See Truth in Savings for applicable fees.
- Extreme Money Market ** Restrictions apply.
- *** Application & approval required.

Important Checking Account Information

When your checking account is opened you are eligible for overdraft protection called Courtesy Pay. If you are a member in good standing and come into insufficient funds, we may honor the check, ACH, or debit transaction and charge a \$25 fee after first attempting to use any other overdraft protection you have set up. Sperry Associates Federal Credit Union may refuse to pay an overdraft at any time, even if we have previously paid overdrafts for you. Sperry has no obligation to notify the account holder before we pay or return an item. The amount of any and all overdrafts, plus any Courtesy Pay charges or Overdraft charges are due and payable upon demand. The Courtesy Pay service does not constitute an actual or implied agreement between you and Sperry. Nor does it constitute an actual or implied obligation of or by the credit union. This service represents a purely discretionary courtesy that the credit union may provide to you and which maybe withdrawn or withheld by the credit union at any time without prior notice or reason or cause. You can opt-out of this service at any time. **To opt-out now check the box below.** Additional overdraft protection services available. Please refer to the Understand Your Account and Rate & Fee Schedule for details.

I hereby authorize the Sperry Associates Federal Credit Union to stop the Courtesy Pay service on my account. I understand by not allowing this service on my account, checks or other items covered under the Courtesy Pay program will not be paid when insufficient funds are in the account or there is insufficient overdraft protection. The undersigned continues to agree to the terms stated on the membership agreement and the share/share draft disclosure.

(Sign on back)

JOINT OWNER OR MINOR'S INFORMATION**Custodian (check if applies)**

Joint Owner _____ **SSN/** _____
Street _____ **TIN** _____
City _____ **Date of Birth** _____
State _____ **Zip** _____ **Driver's Lic. No./ID No.** _____
Email _____ **DL Exp./ID Exp.** _____
Home Phone _____ **Employer** _____
Cell Phone _____ **Work Phone** _____

BENEFICIARY INFORMATION

Beneficiary _____ **SSN/** _____
Street _____ **TIN** _____
City _____ **Relationship to Primary Owner** _____
State _____ **Zip** _____ **Email** _____
Home Phone _____
Cell Phone _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Taxpayer Identification Number (TIN), (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup and (3) I am a U.S. person (including a U.S. resident alien).

Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, 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 other information that will allow us to identify you. We may also ask to see your Driver's License or other identifying documents.

AUTHORIZATION & SIGNATURE(S)

In this Membership Application "I", "Me", and "My" mean each and every person who signs below. "You" and "Your" mean Sperry Associates FCU.

By signing the application, I agree to the terms and conditions for any Account(s) opened or to be opened under the Account Number(s) given to this application. I also agree to the terms and conditions for these accounts as stated in the Truth-in-savings Disclosure entitled "Understanding Your Account", a copy of which has been given, or will be mailed upon opening of this account.

Any person named as joint owner on this application will also share ownership of any account(s) opened or to be opened under the Account Number (s) given to this application.

I authorize you to obtain whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account. You may also request subsequent consumer reports in connection with a review, update, renewal or extension of my account(s) without additional notice to me.

The stated information and authorizations can only be changed by submitting another completed Account application. If this application is to amend prior account(s), this application revokes any prior authorization regarding this account.

Member Signature _____ **Joint Owner Signature** _____

Date _____ **Date** _____

FOR CREDIT UNION USE ONLY	
Membership #: _____	
Verified Eligibility: _____	Date: _____
Verified ID: _____	Date: _____