



Complete and return this form to any branch office OR mail to:  
 Texans Credit Union, Attn: Member Account Services, PO Box 853912, Richardson, TX 75085

**Please include a photocopy of two forms of ID for each account owner (at least one from the primary list; the second can be from either list). For more info on identification requirements:**  
 Visit "Join Texans" on our website (www.TexansCU.org) or call e-Branch at 972.348.2000 or 800.843.5295

**Account Ownership Modification Form**

**Important Identification Requirement**

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. What this means for you: When you modify an account, we will ask your name, address, date of birth, and other information that will allow us to identify you.

**As of the Effective Date, this form supersedes any previous ownership designation for the account described below.**

**Effective Date:** \_\_\_\_\_

**Member Information** *Note: Use one Account Ownership Modification Form per account number*

Member #		Account #	
Name		Date of Birth	SSN/TIN
Primary ID	State	Secondary ID	Type
Home Phone	Work Phone	Cell Phone <small>to be used for contact</small>	
Address/City/State/Zip			
Email address to be used for contact			
Employer	Job Title/Description	Phone Verification <small>e.g. mother's maiden name or password</small>	

**The account indicated above will be jointly owned if this section lists any "Joint Owner(s)."**

**Joint Owner(s) – All joint owners as of the effective date indicated above must be listed and sign at the bottom.**

Name	Date of Birth	SSN/TIN	Phone Verification <small>e.g. mother's maiden name or password</small>
Address/City/St/Zip		Home phone	Work phone
Employer	Job Title/Description		Cell phone <small>to be used for contact</small>
Primary ID	State	Secondary ID	Type

Name	Date of Birth	SSN/TIN	Phone Verification <small>e.g. mother's maiden name or password</small>
Address/City/St/Zip		Home phone	Work phone
Employer	Job Title/Description		Cell phone <small>to be used for contact</small>
Primary ID	State	Secondary ID	Type

Name	Date of Birth	SSN/TIN	Phone Verification <small>e.g. mother's maiden name or password</small>
Address/City/St/Zip		Home phone	Work phone
Employer	Job Title/Description		Cell phone <small>to be used for contact</small>
Primary ID	State	Secondary ID	Type

**Voluntary Removal of Joint Owner(s) – Share (Savings), Travel Share or CD only**

Name	DL#	SSN/TIN
Name	DL#	SSN/TIN
<p>I/We hereby order, authorize and instruct Texans Credit Union to remove me/us as joint owner(s) from the account described above as of the above indicated effective date. I/We further agree to indemnify and hold Texans Credit Union harmless from any and all claims, actions, or liability, whatsoever arising directly or indirectly out of this written order to remove me/us as joint owner(s) from the account described above. I/We have read, understood, and examined the foregoing and it is correct in all respects.</p>		
Signature _____		Date _____
Signature _____		Date _____

**ATM / Debit Card Request** (Cardholder must be member or joint owner as of the effective date indicated above and sign at the bottom.)

Name _____	Name _____
Name _____	Name _____

**Certification of Taxpayer Identification Number and Backup Withholding**

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

**W-9 CERTIFICATION - IF DEPOSITOR IS U.S. CITIZEN OR RESIDENT ALIEN UNDER PENALTIES OF PERJURY:**  
 I certify (1) that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from back-up withholding under federal laws or a specific FATCA Exempt Payee Code (\_\_\_\_\_ enter code here from W-9 instructions), 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 withholding and (3) I am a U.S. person (including a U.S. resident alien). Certification Instructions: you must 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.

**W-8 CERTIFICATION - IF DEPOSITOR IS FOREIGN PERSON OR ENTITY:** Certification is provided on a separate document.

**ACCOUNT OWNERSHIP (APPLICABLE IF JOINT OWNERSHIP IS DESIGNATED):** The owners intend to and do hereby create a joint tenancy with rights of survivorship; and specifically agree to the terms set forth in the Membership Account Agreement including but not limited to the Credit Union's rights to pay or transfer any deposits by the order of any owner, to accept a pledge of all sums deposited now or in the future from any owner, and to enforce any legal or contractual lien rights as to any owner's obligations. This description applies to all accounts listed above or on any change forms/documents.

Authorizations  
 Each of you agrees that this Account Ownership Modification Form changes any previous designation made on the account modified by this agreement. By signing below, each of you agrees that the Credit Union may undertake to verify your eligibility for any accounts(s) and service(s) now and in the future, as specifically detailed in Section 5 of the Membership Account Agreement ("MAA"). In addition, I/we authorize the Credit Union: to check my/our credit and employment history at any time; to request and use reports regarding same; to obtain information concerning any accounts with other institutions and my/our credit history, including any credit reports; and to report information concerning my/our account(s) to others. Each person signing below acknowledges that he/she has read and agrees to the terms set forth in the Credit Union MAA, Truth in Saving Rate Schedule, Deposit Account Disclosure and the Member Fee Schedule which is incorporated into and made part of this application.

**COMMUNICATIONS CONSENT:** If a cell number ("contact") is provided above; or if I/we later provide such to the Credit Union via other communications including online banking or social media, I/we consent and agree that the Credit Union may use this contact to provide information to me/us about my/our accounts and services, to reply to any inquiry, or to provide other information via calling, texting or otherwise. This contact may be by dialing the cell phone, by autodialer, text or robo text methods. I/we understand that this consent is not required to obtain any loan or services from the Credit Union.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Joint Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Joint Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Joint Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Requirement**

This Account Ownership Modification Form must be certified by a Notary Public if signer is not present. Please use the space provided below for notary certification.

State of _____ County of _____ Sworn and subscribed before me by: _____ (print applicant's name)  _____ (Notary Seal)  On the _____ day of _____, 20____ _____ Notary Public Signature	State of _____ County of _____ Sworn and subscribed before me by: _____ (print applicant's name)  _____ (Notary Seal)  On the _____ day of _____, 20____ _____ Notary Public Signature
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<p><b>For Credit Union Use Only</b></p> <p style="text-align: center;"><b>Third Party Verification:</b></p> <p>Member: <input type="checkbox"/> Approved <input type="checkbox"/> Denied                  Joint: <input type="checkbox"/> Approved <input type="checkbox"/> Denied                  Joint: <input type="checkbox"/> Approved <input type="checkbox"/> Denied                  Joint: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>	<p>Branch # _____ Teller # _____ Date Keyed _____ Audit Teller # _____</p> <p>Identification:</p> <p>ID 1 _____ ID 2 _____</p>
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