



Checklist for Adding a Joint Owner to an Existing Account

Please use this form to add a Joint Owner to an existing DCU Account.

To complete this process, please follow these steps:

1. Fill out the Add Joint Owner to Existing Account Form completely and sign.
Incomplete or unsigned forms will delay processing your request.
2. If adding a Joint Owner who is not currently a DCU Member, REQUIRED IDENTIFICATION must be provided.
Acceptable forms of identification are outlined within the form.
3. Fax your completed form to 508.983.6348, or email it to documentmanagement@dcu.org.
You may also mail it to:

Digital Federal Credit Union
Deposit Services Department
220 Donald Lynch Boulevard
PO Box 9130
Marlborough, MA 01752-9130

Note: Emails sent to the address above are not encrypted, so you should not use that email to send Account numbers or other personal information.

What you can expect

Once you mail your application...

- Allow **7-10 business days** for your request to be processed.



Digital Federal Credit Union • 220 Donald Lynch Blvd
P.O. Box 9130 • Marlborough, MA 01752-9130

Application to Add a Joint Owner to an Existing Account

Primary Owner's Name _____ Member # _____ SSN _____

I understand that this is an **addition** to any joint owner(s) I currently have listed on an account, if applicable. If my intention is to replace a joint owner, I must complete a "Change of Ownership Authorization Form." NOTE: I understand I cannot add a joint owner to a loan.

IMPORTANT INFORMATION: We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the individual's current residential address as given.** If one of these forms of identification includes both you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2nd ID always required). DCU reserves the right to request additional identification.

If the joint owner being added is already a DCU member s/he is not required to provide the REQUIRED IDENTIFICATION but must provide Name, DCU Member # and SSN below.

Joint Owner (1)			
Legal First Name:	Middle Initial:	Legal Last Name:	DCU Member # (if applicable)
SSN:	DOB:	Phone:	Gender:
Residential Address:			APT
City		State	ZIP
Mailing address (if different than residential address):			
Occupation:			

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known. Example: Retired plumber.

Add Joint Owner (1) to:	
Savings	#
Checking (includes any Checking with the Earn More feature*)	#
Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advantage Savings*	#
Money Market	#
Member Described	#
Holiday Club	#
DCU Certificate	#

Joint Owner (2)			
Legal First Name:	Middle Initial:	Legal Last Name:	DCU Member # (if applicable)
SSN:	DOB:	Phone:	Gender:
Residential Address:			APT
City		State	ZIP
Mailing address (if different than residential address):			
Occupation:			

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known. Example: Retired plumber.

Add Joint Owner (2) to:	
Savings	#
Checking (includes any Checking with the Earn More feature*)	#
Debit Card <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advantage Savings*	#
Money Market	#
Member Described	#
Holiday Club	#
DCU Certificate	#

Signatory Authorization and Agreement

By signing below, I, meaning each and all who sign this form, request the changes listed above and agree that, except as indicated on this form, the information, terms, and conditions remain in full force and effect as do any terms and conditions related to additional products or services I have requested such as Overdraft Payment Services. Further I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time.

*Product or service is eligible for insurance through the Federal Deposit Insurance Corporation (FDIC).

X _____ X _____ X _____
Primary Owner's Signature Date Joint Owner's (1) Signature Date Joint Owner's (2) Signature Date

Internal Use Only

JO #1 ID Type _____ # _____ Exp _____ Add'l Doc Rec'd _____
JO #2 ID Type _____ # _____ Exp _____ Add'l Doc Rec'd _____
Received _____ Processed by (#) _____ X-Ref (#) _____ Audited by (#) _____