

Attach Check for Initial Deposit Here

Attach Employment Verification Here (paystub & Driver's License)



**AUTO CLUB
FEDERAL CREDIT UNION**
3333 FAIRVIEW ROAD, A190
COSTA MESA, CA 92626
(714) 850-5157 • (562) 924-1843

☐ **ADDITIONAL SERVICES REQUEST**

☐ **CHANGE REQUEST**

TYPE OF CHANGE _____

Member Name (Print) _____ Account No. _____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Membership Invitation/Signature Card. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Invitation/Signature Card. 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 me: when I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

☐ Checking Account (*You must complete Section 2 below-subject to acct. approval*)\$ _____

☐ ATM Card ☐ Check for additional card for Joint Owner

(SEE REVERSE TO ORDER CHECKS)

☐ Money Market Checking (Minimum deposits required see Rate Sheet)\$ _____

☐ Money Market Savings (Minimum deposits required see Rate Sheet)\$ _____

☐ Certificate (\$500 minimum deposit required)\$ _____

Term: ☐ 3 Mo. ☐ 6 Mo. ☐ 12 Mo. ☐ 24 Mo. ☐ 36 Mo. ☐ 48 Mo. \$ _____

☐ Loan Request \$ _____ Type _____ Purpose _____

Term _____ months OR a preferred payment of \$ _____ per _____ Special Instructions _____

SECTION 2 ADDING JOINT OWNER

*If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s) please complete the information below.
Both the primary member and new joint owner must sign at bottom.*

Joint Owner Name _____ Driver's License No. _____ Mothers Maiden Name _____

Home Address _____ Home Phone _____ Work Phone _____

Date of Birth _____ Social Security No. _____ Personal E-mail Address _____ Cell Phone _____

Employer _____ Occupation _____ Monthly Salary \$ _____

SECTION 3 ADDING A BENEFICIARY

If you, as the primary member, would like to add a beneficiary, please complete the information below and sign where indicated.

BENEFICIARY(IES) in the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account(s) as indicated below.

Name _____ Phone No. _____ Percent of Account _____ %

Address _____ Social Security No. _____ Date of Birth _____

Name _____ Phone No. _____ Percent of Account _____ %

Address _____ Social Security No. _____ Date of Birth _____

SECTION 4 AUTHORIZATIONS & SIGNATURES

In this Additional Services/Change Request Form "I" and "My" mean each and every person who signs below. "You" and "Your" mean UPS Federal Credit Union. I understand I will be given access to MOM (your audio response system). By signing below, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Additional Services/Change Request Form shall govern the Regular Share, the Checking Account, the ATM Card and the MOM Audio Response Service and other accounts designated above. I authorize you to open other account(s) for me in person or via mail.

By signing below, I also authorize you to gather credit, checking account and employment information you consider appropriate from time to time thereafter. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account and for making future credit opportunities available to me. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Additional Services/Change Request Form and any other information you may receive and that I waive my right to confidentiality of my records with the Department of Motor Vehicles and authorize you to obtain such information from the DMV.

X _____ **X** _____
Primary Members Signature Date New Joint Owner Signature (If Applicable) Date

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CREDIT UNION USE ONLY