

Western Division Federal Credit Union
6750 Main Street • Williamsville, NY 14221
Ph: (716) 632-9328 • Fax: (716) 632-1383
www.westerndivision.org

JOINT OWNER UPDATE/ADD

Member #:

Complete the information below and provide the required identification and signatures. After your request has been received and processed we will contact you to confirm your request.

Joint Owner (Please Print)

Name: _____

Address: _____

Social Security number: _____

Date of Birth: _____

Drivers' License # (Include copy of license)

Phone #: _____

AUTHORIZATION

By signing below, I/we certify that I/we live, work, worship, volunteer or attend school in Erie or Chautauqua Counties or are an immediate family member of the foregoing. I/we agree to the terms and conditions of the Membership and Account Agreement Disclosure, Truth-In-Savings Disclosure, Fee Schedule Disclosure, Funds Availability Policy Disclosure and to any amendment Western Division makes from time to time which is incorporated herein. If Electronic Funds Transfer (EFT) service is requested and provided, I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Disclosure. If I/we are applying for a Home Equity Line of Credit Loan, I/we confirm that I/we have read these required documents; When Your Home is on the Line and Home Equity Early Disclosure.

I/We authorize the Credit Union to investigate my/our credit history, employment and income, including obtaining consumer reports, regarding this application for membership, products/services and to update, renewal or extension of credit applied for or granted. I/We authorize Western Division to report my/our credit experience with Western Division to consumer reporting agencies. If I/we request in writing, Western Division will disclose the name and address of any consumer reporting agency from which received a consumer report was received regarding me/us. I/We understand all applications are subject to approval and may have certain limitations and/or fees.

If/When ordered, I/we authorize Western Division to provide me/us with a Check Card. My/Our signature(s) on the Membership/Account Application constitutes my/our understanding that all account Joint Member(s)/Owner(s) will have access to all account(s) unless otherwise specified.

W9-CERTIFICATION

Under penalties of perjury, I/we certify that (1) The number provided is my/our correct Taxpayer Identification Number(s), and (2) that I/we are not subject to backup withholding because: (a) I/we are exempt from backup withholding, or (b) the Internal Revenue Service (IRS) has not notified me/us that I/we are subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me/us that I/we are no longer subject to backup withholding, and (3) I/we are a U.S. Person(s), including a U.S. resident alien(s). If I/we are subject to backup withholding, I/we will notify Western Division immediately at (716 or 800) 632-9328. The IRS does not require consent to any provisions of this document other than the certification required to avoid backup withholding.

MEMBER IDENTIFICATION

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(s) who opens an account.

Your signature(s) and a copy of your Driver License(s) or Government Issued ID(s) are required with this application.

Member Signature: _____

Joint Owner Signature: _____