

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

JOINT MEMBER UPDATE/ADD

Member #: _____

Complete the information below and provide the required identification and signature(s).

According to the Membership and Account Agreement, a \$5.00 Member Share will be secured for each Joint Member added to the account.

Joint Member (Please Print)

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Drivers' License # (Include copy of ID) _____ Phone #: _____

AUTHORIZATION

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.

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.

MEMBER IDENTIFICATION

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).

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

Member Signature: _____

Joint Member Signature: _____

INTERNAL USE: Employee ID: _____ Date: _____