

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 Name:** \_\_\_\_\_ **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 #: \_\_\_\_\_

Order Joint Member a Debit Card.

**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: \_\_\_\_\_