

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

JOINT MEMBER AUTHORIZATION

Provide the following information to Add or Remove your request regarding a Joint Owner on your Membership.

MEMBER INFORMATION

Member Name: _____

Member #: _____ (Please provide just the last 2 digits of Member#)

JOINT OWNER INFORMATION

Add (Required: include a copy of your Driver's License)

Remove (Destroy all Debit cards and Checks associated with the Joint Owner)

Name: _____ Phone #: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

JOINT OWNER INFORMATION

Add (Required: include a copy of your Driver's License)

Remove (Destroy all Debit cards and Checks associated with the Joint Owner)

Name: _____ Phone #: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Authorization:

I/We understand, according to the Membership & Account Agreement, when adding a Joint Owner, the authorized person(s) will have immediate and full access to all applicable accounts on this Membership. I/We authorize the Credit Union to investigate credit history, including obtaining consumer reports.

Member Signature: _____ Date: _____

Joint Member Signature: _____ Date: _____