



U.S. House of Representatives

www.CongressionalFCU.org

Account Change Card

Use this form to add a joint owner, delete a joint owner or to make a name change to your account. Please make sure to fill out the first section so changes can be made correctly.

Member Name:	SSN/TIN
Joint Owner Name (if applicable):	SSN/TIN
Joint Owner Name (if applicable):	SSN/TIN
Account Numbers:	

Complete the appropriate sections below and sign Section IV.

Section I – Delete a Joint Owner

Section III – Add a Joint Owner

Section II – Name Change

Section IV – Signature Card/Account Agreement

Mail your form and any supporting documents to: Congressional Federal Credit Union, P.O. Box 23267, Washington, D.C. 20026-3267. You may also visit one of our branches to submit your form.

Section I

☐ DELETE A JOINT OWNER

Removal of a Joint Account Owner requires consent of the joint owner wishing to be removed. The removed joint owner relinquishes ownership interest including any membership share in the account(s) designated below. This relinquishment does not affect your obligation on any loan account(s).

I, _____ request that my name be removed from account _____, in the name of _____.

Signature of Joint Owner Being Removed: _____ **Date:** _____

Your signature must be notarized if you are submitting this form by mail.

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____, before me, a notary public in and for said state, personally appeared _____, to me personally known, who being duly sworn, acknowledged that he/she had executed the foregoing instrument for purposes therein mentioned and set forth.

Notary Public _____ My Commission Expires _____

notary seal

Section II

☐ **NAME CHANGE:** ☐ Member ☐ Joint Owner

Please provide proof of this name change.

Previous Name (please print) _____

Previous Signature: _____ Date: _____

Under penalties of perjury, I certify that the number shown on the front of this form is my correct taxpayer identification number (I have notified the IRS of my name change).

New Name (please print) _____

New Signature: _____ Date: _____

FOR OFFICE USE ONLY

Employee _____ Date _____

Email Address: email@CongressionalFCU.org

Mailing Address: P.O. Box 23267, Washington, D.C. 20026-3267

The Capitol ■ Ford HOB ■ Longworth HOB ■ Rayburn HOB ■ Oakton, Virginia
(703) 934-8300 ■ (800) 491-CFCU ■ 6-3100 from Capitol Hill ■ Fax (703) 934-8307

ACC 0406

Section III

○ **ADD A JOINT OWNER:** Please submit a copy of the joint owner's identification.

Important Information: 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 you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you provide, an account may not be opened. The Credit Union reserves the right to close your account if it determines at a later date that it does not know your true identity.

○ **JOINT ACCOUNT WITH SURVIVORSHIP:** On the death of an owner of the account, the deceased owner's interest in the account passes to the surviving owner(s) of the account.

○ **JOINT ACCOUNT / NO SURVIVORSHIP:** On the death of an owner of the account, the deceased owner's interest in the account passes as a part of the owner's estate by will, trust, or intestacy.

Name	SSN/TIN
Home Address	City/State/Zip
Mailing Address (if different than above)	City/State/Zip
Home Phone Number	Work Phone Number
E-mail Address	Cell Phone Number
Driver's License Number	State Where Issued
Date of Birth	Mother's Maiden Name
Name and Address of Nearest Relative Not Living with You	

Section IV

SIGNATURE CARD/ACCOUNT AGREEMENT

I/We agree that the changes on this card amend the previously signed Account Card and agree to the Bylaws, as amended, of Wright Patman Congressional Federal Credit Union (the "Credit Union"). I/We certify that the information provided on this application is true and correct. My signature on this form applies to all my accounts under my name at the Credit Union and constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such accounts. I also agree to be bound to the terms and conditions of any account that I have in this Credit Union now or in the future. I/We acknowledge receipt of the "About Your Accounts" Agreement and Disclosure and, if applicable, W-9 instruction.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number;
2. I am NOT subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. Person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all your interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Member (please Print): _____

Signature: _____ **Date:** _____

Joint Owner (please Print): _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Employee _____ **Date** _____

Complete applicable sections of the For Office Use Verification form.