☐ **ADDITIONAL SERVICES REQUEST**

☐ **CHANGE REQUEST**

TYPE OF CHANGE_____

Member Name (Print) _____**Account No.**_____

I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the Membership Invitation/Signature Card. I, understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Invitation/Signature Card. 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 the identifies each person who opens an account. What this mean for me: when I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

SECTION 2 ADDING JOINT OWNER

If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s) please complete the information below. Both the primary member and new joint owner must sign at bottom.

_____ _____ _____
Joint Owner Name Driver's License No. Mothers Maiden Name

_____ (_____)_____ (_____)_____
Home Address City/St Zip Home/Cell Phone Work Phone

_____ _____ _____
Date of Birth Social Security No. Email Address

_____ _____
Employer Name and Address Occupation

SECTION 3 AUTHORIZATIONS & SIGNATURES

In this Additional Services/Change Request Form "I" and "My" mean each and every person who signs below. "You" and "Your" mean UPS Employees Federal Credit Union. I understand I will be given access to TLC (your audio response system). By signing below, I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (Receipt of all of which is hereby the Visa Debit Card and the TLC Audio Response Service and other Accounts designated above. I authorize you to open other account(s) for me in person or via mail.
By signing below, I also authorize you to gather credit, checking account and employment information you consider appropriate from time to time thereafter. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account and for making future credit opportunities available to me. I authorize you to give information you may receive and that I waive my right to confidentiality of my records with the Department of Motor Vehicles and authorize you to obtain such information form the DMV.

X_____ **X**_____
Primary Members Signature Date Joint Owner Signature Date

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