



ADDITION OR REMOVAL OF JOINT OWNERSHIP

AppleFCU.org

ATTN: MSC, P.O. Box 1200, Fairfax, VA 22038-1200 703-788-4800 Fax: 703-667-8712

Primary Member's Name: First	MI	Last	Suffix	Member No.
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To add a Joint Owner, fill out the information below (section A). To remove a Joint Owner, complete the information on page 2 (section B).

All Owners must sign for each account requested and mail (Apple FCU, ATTN: MSC, P.O. Box 1200, Fairfax, VA 22038-1200) or bring this form to any Apple FCU Branch.

A: ADD JOINT OWNER Federal law requires all financial institutions to obtain, verify and record information that identifies each person that is added to an account. When you are added to an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. **Please send a copy of photo ID and we may ask for additional identifying information.**

Joint Owner's Name: First	MI	Last	Suffix
Address: Street	City	State	Zip Code
Email Address	Social Security No. (or ITIN)	Date of Birth (MM/DD/YYYY)	
Type (i.e. Driver's License)	ID Description (State)	ID No.	Home Phone No.
ID Issued By	ID Issuance Date (MM/DD/YYYY)	ID Expiration Date (MM/DD/YYYY)	Mobile Phone No.
Employer	Occupation	Work Phone No.	

I authorize Apple FCU to communicate with me via text, SMS and cell phone for any reason including collections of past due accounts. I also consent to receive auto-dialed calls or SMS from Apple FCU. I understand that consent is not a condition of purchase.

I do NOT wish to receive auto-dialed calls to my cell phone or text message communications.

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendments the Credit Union makes from time to time, which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested or provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Apple FCU is hereby authorized to recognize any one of the signatures subscribed hereto in the payment of funds or the transactions of any business for this account. The Joint Owners of this account hereby agree with each other and with said Credit Union that all sums heretofore or hereafter paid on shares, by any or all of said Joint Owners to their credit as such Joint Owners, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of any one signature below shall be valid and discharge said Credit Union from any liability for such payment. Any account with a Joint Owner may be closed upon request from any Account Owner.

A Joint Owner who is an Apple FCU member may pledge all or any part of the shares in this account as collateral security for a loan or loans and the Credit Union is authorized to apply shares at any time against any indebtedness owed by any of the Joint Owners. This account shall be governed by applicable Virginia and Federal laws, Rules & Regulations, and by the By-laws of the Credit Union and any amendments thereto. If joint ownership is desired, all Owners must complete the information in the space provided. NOTE: All Joint Owners must agree to the same type of joint ownership.

The Joint Owner signed below on this agreement replaces all previous account ownership agreements to this account. All Checking or Money Market accounts are opened upon clearance of check reporting agencies.

Savings/Certificate ID(s): <input type="checkbox"/> All Current Accounts (Doesn't apply to future accounts) <input type="checkbox"/> Other: _____	Choose one: <input type="checkbox"/> Joint Account with Survivorship <input type="checkbox"/> Joint Account without Survivorship
Checking/Money Market ID(s): <input type="checkbox"/> Visa® Debit Card Requested <input type="checkbox"/> All Current Accounts (Doesn't apply to future accounts) <input type="checkbox"/> Other: _____	Choose one: <input type="checkbox"/> Joint Account with Survivorship <input type="checkbox"/> Joint Account without Survivorship

Member's Signature ▶	Date (MM/DD/YYYY)
New Joint Owner's Signature ▶	Date (MM/DD/YYYY)

See reverse for additional required signatures from existing Joint Owners

ADDITION OR REMOVAL OF JOINT OWNERSHIP (con't)

EXISTING JOINT OWNER SIGNATURE(S): All existing Joint Owners on account must sign and agree to the addition of any additional Joint Owner.

Joint Owner's Signature ▶	Print Name	Date (MM/DD/YYYY)
Joint Owner's Signature ▶	Print Name	Date (MM/DD/YYYY)
Joint Owner's Signature ▶	Print Name	Date (MM/DD/YYYY)
Joint Owner's Signature ▶	Print Name	Date (MM/DD/YYYY)
Joint Owner's Signature ▶	Print Name	Date (MM/DD/YYYY)

B: REMOVE JOINT OWNER

Joint Owner's Name: First	MI	Last	Suffix
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I voluntarily request to remove my name from the accounts listed below and if applicable, remove my name as an Authorized User of the ATM or Visa® Debit Card associated with these accounts.

I understand that I can no longer obtain information on any of these accounts. **I acknowledge that if I am a Co-Applicant on any loans associated with this member number, including Visa Credit Cards, I will not be removed from my obligation on those loans and I remain responsible for payment of any outstanding balance under the existing repayment terms.**

Savings/Certificate Account(s) <input type="checkbox"/> All <input type="checkbox"/> Other: _____	Checking/Money Market Account(s) <input type="checkbox"/> All <input type="checkbox"/> Other: _____
Joint Owner's Signature ▶	Date (MM/DD/YYYY)

CREDIT UNION USE ONLY:

CBC Innovis/Telecheck	Teller No.
Branch No.	Override Supervisor Signature