

Membership Correction/Update Form



Please print, filling in your member number and only those items to be corrected or updated.

Membership Information			
Member Number (No corrections can be made without a member number. You must be an owner on all accounts you wish to change. Your name should appear as it does on your Social Security Card.)			
First Name	Middle Initial	Last Name	Security Code/Mother's Maiden Name
If you use an alias (a/k/a, nickname, middle name, Jr., Sr., or, II) print name			Member Password (alphanumeric required / Min. 6 characters in length)
For name change, print prior name (if due to marriage or divorce, copy of marriage certificate, court order or SSN required.)			<input type="checkbox"/> Issue new checks in new name and/or address <input type="checkbox"/> Issue new debit card in new primary owner name
New Home Address (No P.O. Boxes)		Correct Social Security Number	Correct Date of Birth
City	State	Zip	New Home Phone Number
New Mailing Address if different from above			Cell Phone Number
City	State	Zip	New Business Phone Number
Seasonal Address			New Home Email Address
City	State	Zip	New Business Email Address

Permanent-as of _____
 Seasonal-leaving _____ returning _____
 Check if re-occurring annually

Change Name of Existing Joint Owner		
(Name change from marriage or divorce must be accompanied by a copy of marriage certificate/court order)		
Print Joint Owner's Old Name	Joint Owner's Old Signature	Joint Owner's Social Security Number
Print Joint Owner's New Name	Joint Owner's New Signature	<input type="checkbox"/> Issue new Check Card in new name

ADD/DELETE An In-Trust-For / Payable-On-Death Beneficiary			
UPON THE DEATH OF THE LAST SURVIVING ACCOUNT OWNER, I/WE DESIGNATE THE FOLLOWING BENEFICIARY(IES) ON MY/OUR CREDIT UNION SAVINGS ACCOUNT(S), AND CHECKING ACCOUNT(S): (Social Security Number required. Joint owners cannot be beneficiaries. Not for updating IRA Beneficiaries. Cross out unused lines.)			
<input type="checkbox"/> Add <input type="checkbox"/> Delete Beneficiary Name	Relationship	Social Security Number	Date of Birth
Beneficiary Address	City	State	Zip
<input type="checkbox"/> Add <input type="checkbox"/> Delete Beneficiary Name	Relationship	Social Security Number	Date of Birth
Beneficiary Address	City	State	Zip

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 a U.S. resident alien.)

Instructions: 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 interest and dividends on your tax return.

Member Signature **X** _____ If Name Change,
Previous Signature _____ Date _____
 Joint Owner Signature **X** _____ Print Name _____ Date _____

For Credit Union Use Only

Signature verified by: _____ Maintenance by: _____ Date _____ Reviewed by: _____ Date _____

Please mail your completed form to: USALLIANCE Financial • 411 Theodore Fremd Avenue, Suite 350, Rye, NY 10580-1426