

Consumer Account Servicing Request



Please indicate reason for request (check all that apply):

- Open additional account(s) **(complete section(s) 1, 3, 4, 5, 6, 10)**
- Change address, change joint account-holder, or change beneficiary for existing account(s) **(complete section(s) 1, 3, 4, 10)**

Account Number(s): _____

- Order checks and/or ATM/Debit card for existing account **(complete section(s) 1, 6, 10)**
- Name change **(complete section(s) 1, 2, 10)**
- Add/Remove/Change account code word **(complete section(s) 1, 9, 10)**
- Close deposit account(s) CD redemption **(complete section(s) 1, 7, 10)**
- Terminate loan/visa credit limits **(complete section(s) 1, 8, 10)**

1. Current Primary Member Information														
PRINT PRIMARY MEMBER NAME			PRIMARY SOCIAL SECURITY/TAX IDENTIFICATION NUMBER											
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

<input type="checkbox"/> Check here if updating address, phone number, or email address				
HOME PHONE	WORK PHONE	CELLULAR PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME
STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
EMAIL ADDRESS	VALID PICTURE ID #	ID TYPE	DATE ISSUED	EXPIR. DATE
STATE & COUNTRY ISSUED				

2. Complete this section to change your name (Also complete section 1)		
<ul style="list-style-type: none"> In order for this request to be processed, you must provide original or certified copies of legal documentation that record the name change (e.g., marriage certificate, divorce decree, or court order) as well as your former picture ID and new valid picture ID verifying your new name. Boeing Employees' Credit Union (BECU) will reissue your ATM/Debit and/or Visa Credit Card(s) imprinted with your new name. Please allow up to 14 days for your new card(s) to arrive. 		
FORMER NAME	NEW NAME	
DESCRIPTION OF LEGAL DOCUMENTATION PROVIDED	PREVIOUS VALID PICTURE ID #	NEW VALID PICTURE ID #

3. Complete this section to designate Joint Account-holder(s) for new account or add or remove from existing account(s)

If new account or if you would like to change the designation of the account, choose one:
 Joint Account with Right of Survivorship (JWROS) Joint Account without Right of Survivorship (JWOROS)

JOINT 1	PRINT NAME <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE <input type="checkbox"/> RETAIN		SSN/TIN	PHONE	DATE OF BIRTH	
	EMAIL ADDRESS		MOTHER'S MAIDEN NAME	DESIGNATED PERCENTAGE ONLY FOR JWROS		
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION. DATE	STATE & COUNTRY ISSUED	ID TYPE	

JOINT 2	PRINT NAME <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE <input type="checkbox"/> RETAIN		SSN/TIN	PHONE	DATE OF BIRTH	
	EMAIL ADDRESS		MOTHER'S MAIDEN NAME	DESIGNATED PERCENTAGE ONLY FOR JWROS		
	STREET ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	MAILING ADDRESS IF DIFFERENT FROM ABOVE		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
	VALID PICTURE ID #	DATE ISSUED	EXPIRATION. DATE	STATE & COUNTRY ISSUED	ID TYPE	

4. Complete this section to designate Beneficiaries for new account or add or remove from existing account(s) (Not valid for IRA Accounts)

Beneficiary 1	PRINT NAME <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE <input type="checkbox"/> RETAIN		SSN/TIN	PHONE	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE/PROVINCE	ZIP/POSTAL CODE
Beneficiary 2	PRINT NAME <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE <input type="checkbox"/> RETAIN		SSN/TIN	PHONE	DATE OF BIRTH
	STREET ADDRESS (REQUIRED)		CITY	STATE PROVINCE	ZIP/POSTAL CODE

5. Complete this section to indicate from which account Automatic Overdraft transfers are made

Automatic Overdraft Transfers should come from:
 Member Advantage Savings Member Share Savings Savings Account Other _____

6. Complete this section if opening an Additional Account or changing an Account

Choose all that apply:		ATM Card	Debit Card	UW Debit Card	
<input type="checkbox"/> Member Advantage Savings & Checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Issue additional cards: <input type="checkbox"/> (1) Joint Acct-holder <input type="checkbox"/> (2) Joint Acct-holder	
<input type="checkbox"/> Early Saver	<input type="checkbox"/>			Issue additional cards: <input type="checkbox"/> (1) Joint Acct-holder <input type="checkbox"/> (2) Joint Acct-holder	
<input type="checkbox"/> Savings Account	<input type="checkbox"/>			Issue additional cards: <input type="checkbox"/> (1) Joint Acct-holder <input type="checkbox"/> (2) Joint Acct-holder	
<input type="checkbox"/> Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Issue additional cards: <input type="checkbox"/> (1) Joint Acct-holder <input type="checkbox"/> (2) Joint Acct-holder	
<input type="checkbox"/> Money Market Account*	<input type="checkbox"/>			Issue additional cards: <input type="checkbox"/> (1) Joint Acct-holder <input type="checkbox"/> (2) Joint Acct-holder	
<input type="checkbox"/> CD ____ month term Add to? ____ Auto Renew? ____ Interest Posting <input type="checkbox"/> Add <input type="checkbox"/> Post to Acct _____					

Indicate information to be printed on checks (if applicable):
 My Name (1) Joint Account-holder (2) Joint Account-holder Other: _____
 Address Home Phone Work Phone

Order Checks with new name and/or new info for account number(s): _____

Choose check design: BECU Exclusive Design **OR** Other Design Name: _____
 See enclosed Deluxe brochure for design options. Additional fees apply. Note: If no design is selected you will receive the BECU Exclusive check design.
 *Exclusive Money Market design will be issued at no charge.

Issue additional ATM/Debit card(s) for existing account #: _____ to: Primary
 _____ to: (1) Joint Account-holder
 _____ to: (2) Joint Account-holder

7. Complete this section to close your BECU Deposit Account(s). This request will: (Not valid for IRA Accounts)

- (1) cancel all ATM/debit cards assigned to this account;
- (2) suspend your ability to advance on your Line of Credit (unless you maintain a checking account);
- (3) NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account (It is your responsibility to cancel such transactions);
- (4) result in any items presented for negotiation after the effective date requested will be dishonored and returned "Account Closed".
- (5) if a CD account is selected for closure or early redemption, you understand that the penalty stated below will be deducted from your total withdrawal amount.

Indicate deposit account number(s) EFFECTIVE DATE
 All Accounts or Account(s): _____

Indicate disposition of balance:

Transfer balance to my BECU account:

--	--	--	--	--	--	--	--	--	--

Issue Check Mail balance to the following address: _____

CD Penalty amount \$ _____ Net Withdrawal \$ _____

List of any outstanding checks

#	\$	#	\$	#	\$	#	\$

Indicate reason for closure

Competition Rates Products and Service Selection Other: _____
 Fees Member Service _____
 Inconvenient Access Channels Fraud/Compromise _____

8. Complete this section to request the termination of applicable credit limits of your BECU Loan Plans and or VISA, Personal Line of Credit, Home Equity Line of Credit

VISA Personal Line of Credit Home Equity Line of Credit
 Individual Open-end Lending Plan Joint Open-end Lending Plan(s)

Indicate reason for closure

Competition Rates Products and Service Selection Other: _____
 Fees Member Service _____
 Inconvenient Access Channels Fraud/Compromise _____

9. Complete this section if adding/removing/changing Account Code Word

CHECK ONE ADD REMOVE CHANGE

OLD CODE WORD	NEW CODE WORD
---------------	---------------

10. Agreements and Signatures

By signing below, you, the primary member and each joint account-holder(s), acknowledge and agree: (1) that the information you provide is accurate, complete, and true and that we may rely on such information in our dealings with you now and in the future; (2) that we may accept any order and instruction regarding the account(s) and any request for future services from the Primary or joint account-holder(s) without the consent of or notice to the other account-holder(s); (3) that BECU may receive information about your credit history and performance from other, including credit reporting agencies; (4) to the terms and conditions contained in this Consumer Account Servicing Request and any previously executed membership application or enrollment form and in the Membership and Boeing Employees' Credit Union (BECU) Account Agreement and Account Disclosure, all as amended to date, all of which you have reviewed and will retain for your records; (5) that issuance of each ATM and/or Debit Card or other access device is specifically requested; (6) by providing your e-mail address, you agree that BECU may send marketing information regarding products and services to you electronically; and (7) that by selecting a Checking Account, you authorize BECU to debit the cost of the checks from your checking account at the time of the check order; (8) that by selecting a Member Advantage Savings and Checking Account in section 6 above you are indicating that you have provided to us a valid email address for you to receive important notices via email, and that you agree to the terms and conditions contained in our Electronic Communications Disclosure, which you have reviewed and will retain for your records; (9) if you instruct BECU to close and terminate your account that we will dispense funds, less any obligations owed to BECU by any account holders(s), in accordance with your direction indicated above, or we will mail to the primary member such funds in the account. Additionally, if you, the Primary member and each co-borrower, request the termination of the applicable credit limit of the Loan Account(s) and the open-end consumer lending plan(s) selected in Section 8 you understand that your obligations under the loan agreement(s) will continue even after termination of such credit limits; (10) Any account holder(s) removed from account(s) remain responsible for all activity on the account(s), including any amounts owed, up to the date of removal.

PRIMARY MEMBER SIGNATURE	DATE
(1) JOINT ACCOUNT-HOLDER/CO-BORROWER SIGNATURE	DATE
(2) JOINT ACCOUNT-HOLDER SIGNATURE	DATE

<i>For BECU Use Only</i>	NEW ACCOUNT NUMBER(S)	DATE	REP	<input type="checkbox"/> ID Verified <input type="checkbox"/> Qualifile
		<input type="checkbox"/> ATM Card Status <input type="checkbox"/> Web/IVR Status <input type="checkbox"/> Web/IVR Delinked <input type="checkbox"/> Draw Accounts	<input type="checkbox"/> Allotments <input type="checkbox"/> Primary Account Changed <input type="checkbox"/> Bill Payment	

Return completed form to:
 BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750
 Or Fax to 206-805-5612