



Add, Change, or Remove Code Word

- Account holders 17 years of age or under: This form requires the signature of a parent or guardian who is on the account.

Please allow 10 business days to process your request upon BECU receipt.

Step 1: Account holder information

Full Name	Date of Birth	SSN / TIN (9 digits)
Mother's Maiden Name		
Street Address		
City	State	Zip Code
Mailing Address (if different than above)		
City	State	Zip Code
Email Address	Phone	Phone Type <input type="radio"/> Home <input type="radio"/> Cell

Step 2. Code Word

- Code words must not include racial slurs, profanity, or other inappropriate language. For more information, please refer to the [Member Code of Conduct](#).
- Code word requirements:
 - Consists of only a word or phrase
 - No punctuation marks or special characters
 - Not case-sensitive
 - No question/answer combinations

A. Add or change code word. (30 characters maximum, including spaces)

New Code Word

B. Remove code word. (Not recommended)

- A code word provides an added layer of account security. We recommend that you change rather than remove your code word.

Step 3. Current picture ID

Attach a photocopy of **one** of the following ID types when submitting via mail or fax:



Document Types

- U.S. driver's license / permit / ID
- U.S. passport / passport ID
- Tribal ID
- U.S. territory driver's license / ID
- U.S. State Dept. driver's license / ID
- Mexico consular ID
- Permanent Resident Card
- Current passport (Non-U.S.)
- Global Entry / Nexus card

Step 4. Acknowledgment and consent

By signing below, I certify that I have personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose selected above. I understand that BECU will rely on such information in BECU's dealings with me.

Signature	Printed Name	Date (MM/DD/YYYY)
Parent/Guardian Signature*	Printed Name	Date (MM/DD/YYYY)

*Required for signers ages 17 and under

If form is not submitted electronically, please return completed and signed form to:
BECU

Attn: Account Servicing M/S 1094-2
P.O. Box 97050
Seattle, WA 98124-9750
or fax to 206-805-5612

BECU only

Employee Name	Location Name	Date (MM/DD/YYYY)
ID Verified <input type="checkbox"/>	Person Number	