

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

- In order for this request to be processed, you must provide an original, new name Social Security card or Tax Identification Number/ITIN Letter, 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			
Social Security Card or TIN/ITIN Letter 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)

<b>JOINT 1</b>	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		
<b>JOINT 2</b>	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. Adding a Beneficiary here will replace any existing. (Not Valid for IRA Accounts)

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

Member Advantage

Savings & Checking                  Issue additional cards:    (1) Joint Acct-holder    (2) Joint Acct-holder

Early Saver                  Issue additional cards:    (1) Joint Acct-holder    (2) Joint Acct-holder

Savings Account                  Issue additional cards:    (1) Joint Acct-holder    (2) Joint Acct-holder

Checking Account                  Issue additional cards:    (1) Joint Acct-holder    (2) Joint Acct-holder

Money Market Account\*                  Issue additional cards:    (1) Joint Acct-holder    (2) Joint Acct-holder

CD \_\_\_\_ month term   Add to? \_\_\_\_   Auto Renew? \_\_\_\_   Interest Posting    Add    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)**

All Accounts or  Account(s): \_\_\_\_\_ **EFFECTIVE DATE**

**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

For BECU Use Only	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