Ridgedale Federal Credit Union
124 South Ridgedale Avenue
East Hanover, NJ 07936-3190
973-947-1000 ● FAX: 973-947-1001

Account Change Form

MEMBER NUMBER	EMPLOYEE	EFFECTIVE DATE

☐ CHANGE TO CURRENT ADDRESS/PHONE ☐ REMOVE JOINT OWNER/BENEFICIARY _____ ☐ NAME CHANGE
☐ ADD SHARE TYPE/SERVICE _____ ☐ REMOVE SHARE TYPE/SERVICE _____ ☐ CLOSE MEMBERSHIP

PRIMARY OWNER					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address *(if different than above)*				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number	Eligibility	
E-Mail Address				Employer	Occupation	
JOINT OWNER 2					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address *(if different than above)*				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		
E-Mail Address				Employer	Occupation	
JOINT OWNER 3					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address *(if different than above)*				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		
E-Mail Address				Employer	Occupation	
JOINT OWNER 4					Birth Date or Date of Trust	
Physical Address				City	State	Zip
Mailing Address *(if different than above)*				City	State	Zip
Cell Phone	Home Phone	Work Phone	Social Security Number	Driver's License Number		
E-Mail Address				Employer	Occupation	

Account Beneficiary Change Designation

BENEFICIARY	ADDRESS	SSN	PCT	DOB
BENEFICIARY	ADDRESS	SSN	PCT	DOB
BENEFICIARY	ADDRESS	SSN	PCT	DOB
BENEFICIARY	ADDRESS	SSN	PCT	DOB

VISA Debit Card/Online Banking

You are requesting the convenience of 24-hour access to Your Credit Union Account in conjunction with a Personal Identification Number (PIN) or Access Code. Your VISA Debit Card will allow You to use a number of Automated Teller Machine (ATM) networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your linked account. You would like:

☐ VISA Debit Card ☐ Online Banking

Name on Card 1: _____ Name on Card 2: _____

Name on Card 3: _____ Name on Card 4: _____

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfers to Minors Act); (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; (3) You are a U.S. person (including a U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct. FATCA Exemption Code _____

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8 (Withholding of Tax on Nonresident Aliens and Foreign Entities) which can be obtained from a Credit Union representative or the IRS.

Signatures

You hereby authorize Ridgedale Federal Credit Union to make the changes to Your Account as designated herein. If You are being added to an Account, by signing below, You agree to be bound by the terms and conditions found within Our Agreements and Disclosures. You acknowledge receiving a copy of those Agreements and Disclosures related to Your Account(s) and You agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of the Credit Union in effect from time to time. You hereby authorize Us, Our employees and agents to investigate, verify and update at any time (both now and in the future) any information provided by You to Us. You further authorize any person, association, firm, corporation or personnel office to furnish information about You upon Our request, including, but not limited to, providing credit and employment history information. You may also from time to time request additional Accounts and/or Account Services to be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). You hereby authorize Us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for Your Accounts.

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Primary Owner Signature	Date	Joint Owner 2 Signature	Date
Joint Owner 3 Signature	Date	Joint Owner 4 Signature	Date

Notary Signature Acknowledgement Below: Required when submitting by mail

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
)ss
County of _____,)

On _____, 20 ____ before me, _____, Notary Public in and for said county, personally appeared
(Notary's Name)

_____, _____, and _____,
(Signer/Witness) (Signer/Witness) (Signer/Witness)

who has/have satisfactorily identified him/her/themselves as the signer(s) or/witness(es) to the above-referenced document.

(Affix Notary Stamp Here)
My Commission Expires _____
(Notary Signature) (Date)

Your savings federally insured to at least $250,000
and backed by the full faith and credit of the United States Government

NCUA

National Credit Union Administration, a U.S. Government Agency

Credit Union Use Only

☐ ID VERIFICATION / OFAC	☐ SYSTEM UPDATED	☐ DEBIT/CREDIT CARD UPDATED	☐ CHECK ORDER UPDATED	☐ ACCOUNT UPDATED