

Current Account Information

 Member Account #:
 Social Security Number:

Primary Member Name _____ Joint or Associate Member Name _____

Subsequent Actions
Name Change

Change my name to: _____ Driver's License # & State: _____

Former Name: _____

Address or Phone Number Change

New Address: _____

Former Address: _____

Home Phone: _____ Work Phone: _____

Please list any accounts on which you are a joint or associate member: _____

Add a Joint Owner (with rights of survivorship) Note: A joint owner has full access to all accounts.

_____ (print name of joint owner) _____ (signature of joint owner) _____ (date of birth) _____ (social security number)

Add an Associate Member to the following account(s) only:

- | | | | |
|-----------------------------------|---|--|--|
| <input type="checkbox"/> Savings | <input type="checkbox"/> Holiday Savings | <input type="checkbox"/> Stock Savings | <input type="checkbox"/> CDs |
| <input type="checkbox"/> Checking | <input type="checkbox"/> Vacation Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Visa Check Card |

_____ (print name of associate member) _____ (signature of associate member) _____ (date of birth) _____ (social security number)

Removal of Joint or Associate Member: **IF REMOVING JOINT OR ASSOCIATE MEMBER(S), SECTION BELOW MUST BE COMPLETED AND NOTARIZED**
Removal of Joint or Associate Member: Remove the following account owner. Removal of joint or associate member requires consent of all account owners. We will hold the Credit Union harmless for actions regarding access. The removed owner relinquishes ownership interest including any membership share in the account(s). This relinquishment does not affect my / our obligation on any loan account(s)

_____ (print name of joint or associate member) _____ (signature of joint or associate member) _____ (date of birth)

On this, the day of _____, 20____ before me _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that _____ executed the same for the purposes therein contained.

 In witness whereof, I hereunto set my hand and official seals. _____
 Notary Public

Change / Remove Account Beneficiary

 Complete for new beneficiary: Change From: _____ Change To: _____

 Street City State Zip Code

_____ (relationship to a/c owner) _____ (signature of joint or associate member) _____ (date of birth)

Authorization

I / We agree that changes on this form amend the previously signed Membership form and we are subject to all terms and conditions of membership in the Merck Sharp and Dohme Federal Credit Union.

Primary Member's Signature _____ (Date) _____ Joint or Associate Member's Signature _____ (Date)

(Signature) _____ (Date)

 OFFICIAL USE ONLY: Date: _____ Processed By: _____
 TLR#: _____