

## Account Changes and New Services

FORM

|   |  |  | I OTTIVI   |  |  |  |
|---|--|--|--|--|--|--|
| Signatures and Date re  | Energy Credit Union to make the formula on front and back.   |  |  |  |  |  |
| Member/Owner Informa Joint Owner(s) Informati POD/Trust Beneficiary   | f Change (Please indicate type of change and only complete information affecting change) er/Owner Information  |  |  |  |  |  |
|   | e change must be accompanied by<br>ss changes should be accompanied  |  |  |  |  |  |
| MEMBER INFORMATIO   | N  | Account Number:  |  |  |  |  |
| First Name  | M.I  | Last Name  |  |  |  |  |
|   | Driver's Lic. No   |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | State Zip Moth   | er's Maiden Name   |  |  |  |  |
| Street Address (if differe  | nt from above)   | Verbal Password _  |  |  |  |  |
| Home Phone  | Work Phone   | Mobile Phone   |  |  |  |  |
| Email Address   |  | Employer   |  |  |  |  |
| SERVICES YOU ARE RE   | OUESTING   |  |  |  |  |  |
| New/Replacement Card Debit Card (Checking ATM Card (Savings)  24-Hour Account Access Sign up online for FREE and FREE eStatements at Automatic Deposits Please list ALL deduction* (deposits from paycheck – Dom Paid: Monthly Bi-W Amt. \$ per payches. \$ | Required) OR Only) Online Banking, FREE Bill Payer** at DominionEnergyCU.org. Ons you would like.  | Workspace. Otherwise, contact your Holiday Club and High Yield Sall Holiday Club / Amt. \$ Wealth Maximizer Money Morey Morey Morey Morey Morey Morey Morey Morey May May Morey Morey May Morey Mo | y.  vings per paycheck* Mkt. Savings . Savings  3 yrs. 5 yrs gs certificate deposit. |  |  |  |
| ACCOUNT OWNERSHI  | P  |  | Signature Required   |  |  |  |
| Designate the ownersh Individual Joint with survivorsh account passes to the Joint without survivo  | ip of the accounts and the responnip – On the death of an owner of the surviving owner(s) of the account.  Orship – On the death of an owner of the owner's estate by will, trus | ne account, the deceased owner of the account, the deceased ow t or intestacy.   | ted.  's interest in the  vner's interest in the                                     |  |  |  |
| Signature (Owner)   |  | Signature (Joint Owner if applicable)  | Date Applies   |  |  |  |



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| JOINT ACCOUNT OWNER   | (IF APPLICABLE)  | Government photo identific   | ation requi   | red to add joint owner.   |  |
|---|--|--|---|---|--|
| be held harmless for actions  | regarding account acc<br>any membership share  | equires written consent of all ess. The removed Joint Acco in the account(s). This relind  | unt Owner(  | (s) relinquishes  |  |
| ☐ ADD ☐ REMOVE  |  |  |   |   |  |
|   | Other  | Fmail Δddress  | <u>.</u>  |   |  |
|   | Savings Checking Other   |  | Email Address<br>SSN/TIN  |   |  |
|   |  | D.O.B Mother's Maiden Name   |   |   |  |
|   |  | ity State Zip  |   |   |  |
|   |  |  | State<br>Mobile Phone   |   |  |
|   | vvork Phone  | IVIO   | blie Phone <sub>-</sub>   |   |  |
| ADD REMOVE  | Otloor   | Francii A delga a a  | _   |   |  |
|   | Savings Checking Other   |  |   |   |  |
|   |  | SSN/TIN  |   |   |  |
|   |  | Mother's Maio  |   |   |  |
|   |  | City   |   |   |  |
| Home Phone  | Work Phone   | Mob  | ile Phone _   |   |  |
| ACCOUNT DESIGNATIONS  | 5  |  |   | Signature Required  |  |
| ☐ Beneficiary ☐ All Account   | ts 🗌 Designate Specifi   | c Account(s)   |   |   |  |
| •   | - ·  | SSN  |   |   |  |
|   |  | SSN  |   |   |  |
|   |  | Address  |   |   |  |
|   |  | (min   |   |   |  |
| Gifts to Minors Act). Minor's   |  |  |   |   |  |
| terms and conditions of the<br>Availability Policy Disclosure,<br>time which are incorporated<br>applicable to the accounts ar<br>provided, I/we agree to the t | Membership and Acco<br>, if applicable, and to ar<br>herein. I/We acknowle<br>nd services requested a<br>erms of and acknowled | e previously signed Account<br>unt Agreement, Truth-in-Savin<br>ny amendments the Credit Ur<br>dge receipt of a copy of the A<br>above. If an access card or Ef<br>dge receipt of the Electronic I | ngs Disclosi<br>nion makes<br>Agreements<br>T service is<br>Funds Trans | ure, and Funds from time to s and Disclosures s requested and ofer Agreement. |  |
| X   | Data   | X<br>Signature   |   | Data  |  |
|   | Date   |  |   | Date  |  |
| XSignature  | Date   | X<br>Signature   |   | <br>Date  |  |
| CHECK ORDER FORM – FR<br>Name(s)  |  | /ITH NEW CHECKING ACCO Account Number  |   |   |  |
| Street  |  | <br>Starting Check Numb  | ner   |   |  |
| City/State/Zip  |  |  |   |   |  |
| ·   |  | <br>Please allow at least 10 - 1   | 4 husingss day  | us for dolivory   |  |
| Other information   |  | riease allow at least 10 - 1   | + business day  | 75 IOI UEIIVELY.  |  |
| FOR CREDIT UNION USE O  | ONLY Check \   | /erify Checks  | Ordered - I   | оу  |  |
| ATM/Debit Card  | Private Teller Audio Re  | sponse Online E  | Banking   |   |  |
| ☐ CP for Debit Confirm. Ser   | nt Opened by   |  | D   | ate   |  |
|   | . , -  |  |   |   |  |

Rates and additional applications are available at DominionEnergyCU.org. Federally Insured by NCUA.

Return to:

**Dominion Energy Credit Union** 

**INTER-OFFICE ADDRESS** 

PO Box 26646, Richmond, VA 23261-6646

VA-Credit Union Operations - Boulders

Phone: 800-268-6928 • Fax: 804-521-2510 • Email: mycu@dominionenergy.com Zix secure email: www.dominionenergycu.org/securemail