

 **bpfcu**

Please print and fill out the Account Change Card form below. Also see instructions for the verification documentation that will need to be copied and sent in with the Account Change Card. Once the Account Change Card is completed and documents are copied, please send to us via one of the following methods.

* **Mail to:** BP Federal Credit Union

P.O. Box 941749

Houston, TX 77094-8749, *or*

* **Fax to:** 281-870-9251, Attn: Member Services, or
* **Bring to one of our locations:**

 BP Federal Credit Union BP Federal Credit Union BP Federal Credit Union BP Federal Credit Union

 Memorial Branch Republic Square Branch Westlake 1 Branch Helios Plaza

 15455 Memorial Dr. Ste. 200 13501 Katy Fwy., Ste. 1150 501 Westlake Park Blvd., Ste.1.2 201 Helios Way, Ste. 1.405

 Houston, Texas 77079 Houston, Texas 77079 Houston, Texas 77079 Houston, Texas 77079

**Verification Documentation Required**

* Valid Driver’s License and/or Passport\*
* Signature on Account Change Card must be notarized if mailing, faxing, or emailing.

*\*Expired identification will not be accepted.*

Please do not hesitate to contact us if you have any questions or need further assistance at 281-870-8000.

|  |  |
| --- | --- |
|  | **BP FEDERAL CREDIT UNION****ACCOUNT CARD** |
| **ACCOUNT TYPE** |
|  | The authorizations and information given herein, and form of ownership chosen in the “ACCOUNT OWNERSHIP SELECTION” section apply to all of the accounts listed unless the Credit Union is notified in writing of a change. |  |
|  |  |  | Suffix\* |  |  |  | Suffix\* |  |
|  | □ | Share/Savings: |  |  | □ | Money Market: |  |  |
|  | □ | Share Draft/Checking |  |  | □ | Other: |  |  |
|  | □ | Share Certificate/Certificate: |  |  |  |  |  |  |
|  | \*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the “MEMBER APPLICATION AND OWNERSHIP INFORMATION” section. If this Card applies to more than on account of the same type, more than one suffix will be listed for the account type. |  |
| **ACCOUNT SERVICES** |
|  | □ | PC Access/Internet Banking: |  |  | □ | Debit Card: |  |  |
|  | □ | Overdraft Protection (indicate transfer priority): |  | □ | Audio Response: |  |  |
|  |  |  |  | □ | Other: |  |  |
|  | □ | Payroll Deduction/Direct Deposit: | Notify employer HR Dept. to execute set up |  |
|  | **MEMBER APPLICATION AND OWNERSHIP INFORMATION** |  |
|  |  |  |
|  |  | **Member No:** |  |
|  | **Member/Owner:** |  |  |
|  | Street: |  |  | SSN/TIN: |  |  |
|  | City/State/Zip: |  |  | Driver’s Lic. No.: |  |  |
|  | Home Phone: |  |  | Date of Birth: |  |  |
|  |  | □ Listed □ Unlisted |  | Password: |  |  |
|  | Work Phone: |  |  | Employer: |  |  |
|  | Membership Eligibility: |  |  | E-Mail: |  |  |
|  |  |  |  |  |  |  |
| **JOINT MULTIPLE PARTY ACCOUNT INFORMATION** |
|  | **Joint Owner:** |  |  |
|  | Street: |  |  | SSN/TIN: |  |  |
|  | City/State/Zip: |  |  | Driver’s Lic. No.: |  |  |
|  | Home Phone: |  |  | Date of Birth: |  |  |
|  |  | □ Listed □ Unlisted |  | Password: |  |  |
|  | Work Phone: |  |  | E-Mail: |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
|  | **Joint Owner:** |  |  |
|  | Street: |  |  | SSN/TIN: |  |  |
|  | City/State/Zip: |  |  | Driver’s Lic. No.: |  |  |
|  | Home Phone: |  |  | Date of Birth: |  |  |
|  |  | □ Listed □ Unlisted |  | Password: |  |  |
|  | Work Phone: |  |  | E-Mail: |  |  |
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|  | **CUSTODIAL DESIGNATION AND INFORMATION** |  |
|  |  |  |
|  | The account(s) listed in the “ACCOUNT TYPE” section is/are held by |  |  |
|  |  | (Custodian) |  |
|  | as custodian for  |  | under the Texas Uniform Transfers to Minors Act. |  |
|  |  | (Minor) |  |  |
|  | Custodian’s Address: |  |  |
|  |  |  |
|  | Phone: |  | Date of Birth: |  | SSN/TIN: |  |  |
|  |  |  |
| **DESIGNATION OF SUCCESSOR CUSTODIAN** |
|  |
|  | Pursuant to the Texas Uniform Transfers to Minors Act. I designate |  |  |
|  | successor custodian for all account listed in the “ACCOUNT TYPE” section. This designation shall take effect only upon my death, resignation, incapacity or removal. |  |
|  | Signature of Custodian: |  | Date: |  |  |
|  | Witness: |  | Date: |  |  |
|  |
| **AUTHORIZATION** |
|  | By signing below, I/we certify that the information on this Account Card is complete and true and that I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure. Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements and disclosures provided. I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*** |  |
|  |  |  |
|  | **X** |  | **X** |  |
|  | Signature | Date |  | Signature |  Date |  |
|  | **X** |  | **X** |  |
|  | Signature | Date |  | Signature |  Date |  |
|  |  |  |  |  |  |  |
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| **TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION** |
|  |  |  |  |  |  |  |
|  | ***By signing on the reverse side under penalties of perjury, I certify that:***1. ***The number shown on this form is my correct taxpayer identification number ( or I am waiting for a number to be issued),***
2. ***I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am n longer subject to backup withholding, and***
3. ***I am a U.S. person (including a U.S. resident alien).***

**Certification Instructions**. Cross out the item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item **3** and complete a W-8 BEN if you are not a U.S. person. |
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| **ACCOUNT OWNERSHIP SELECTION** |
|  |  |  |  |
|  | Party Initials | Choose one of the following forms of account ownership by placing your initials next to the chosen form of ownership. **The type of account you select may determine how property passes on death. Your will may not control the disposition of funds held in some of the following forms of account ownership. The selection you make below will apply to all the accounts listed in the “Account Type” section.** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **SINGLE PARTY ACCOUNT WITHOUT PAYABLE ON DEATH (POD) DESIGNATION.** The party to the account owns the account. On the death of the party, ownership of the account passes as a part of the party’s estate under the party’s will by intestacy. The party to the account is listed as the Member/Owner. |
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|  |  |  |  | **SINGLE PARTY ACCOUNT WITH PAYABLE ON DEATH (POD) DESIGNATION.** The party to the account owns the account.On the death of the party, ownership of the account passes to the POD beneficiaries of the account. The account is not a part of the party’s estate. POD beneficiaries are listed in the “POD BENEFICIARIES” section. The party to the account is listed as the Member/Owner. |
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|  |  |  | **JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP.** (All parties must initial.) The parties to the account own the account in proportion to the parties’ net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party’s ownership of the account passes to the surviving parties. Parties to the account are listed as Member/Owner and Joint Owner. |
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|  |  |  |  | **JOINT MULTIPLE PARTY ACCOUNT WITHOUT RIGHT OF SURVIVORSHIP.** (All parties must initial.) The parties to the account own the account in proportion to the parties’ net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of a party, the party’s ownership of the account passes as a part of the party’s estate under the party’s will or by intestacy. Parties to the account are listed as Member/Owner and Joint Owner. |
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|  |  |  |  | **JOINT MULTIPLE PARTY ACCOUNT WITH RIGHT OF SURVIVORSHIP AND PAYABLE ON DEATH (POD) DESIGNATION.** (All parties must initial.) The parties to the account own the account in proportion to the parties’ net contributions to the account. The financial institution may pay any sum in the account to a party at any time. On the death of the last surviving party, the ownership of the account passes to the POD beneficiaries. POD beneficiaries are listed in the “POD BENEFICIARIES” section. Parties to the account are listed as Member/Owner and Joint Owner. |
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|  |  |  |  | **CONVENIENCE ACCOUNT.** (All parties must initial.) The parties to the account own the account. One or more convenience signers to the account may make account transactions for a party. A convenience signer does not own the account. On the death of the last surviving party, ownership of the account passes as a part of the last surviving party’s estate under the last surviving party’s will or by intestacy. The financial institution may pay funds in the account to a convenience signer before the financial institution receives notice of the death of the last surviving party. The payment to a convenience signer does not affect the parties’ ownership of the account. The party(ies) to the account are listed as Member/Owner and Joint Owner. |
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|  |  |
|  |  | Print Name(s) of Convenience Signer(s): |  | Signature(s) of Convenience Signature |  |
|  |  |  |  | **X** |  |
|  |  |  |  | **X** |  |
|  |  |  |  |
|  |
|  |  | □ Other: |  | □ Special Account Authorization Card |  |
|  |  |  |  |
| **POD BENEFICIARIES** |
|  | Upon the death of the last account owner, ownership of the account shall be divided equally among the surviving beneficiaries listed in this section. The beneficiaries listed here are beneficiaries to all the accounts listed in the “ACCOUNT TYPE” section. |
|  | **Name of Beneficiary:** |  | **Identifying Information:** |  |
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|  | **FOR CREDIT UNION USE ONLY** | □  **See Account Change Card** | □  **See Insurance Beneficiary Card** |  |
|  | Date of Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Opened / App’d by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Member Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | □ Credit Report | □ Check Verify | □ PIN Request |  |
|  | □ Access Card | □ Audio Response | □ PC Access/Internet Banking |  |