

CHANGE OF AUTHORIZED SIGNATURE CARD



Section 1: Organization Information

Name of Organization		Taxpayer Identification Number		FOR CREDIT UNION USE ONLY	
Street Address	City	State	Zip	Member Number	
Mailing Address (If Different from Above)	City	State	Zip	Date Joined	

Section 2: Certification

Under penalties of perjury, I/We certify that:

1. The Tax Identification Number shown on this form is our correct taxpayer identification number, and
2. We are not subject to backup withholding because (a) we are exempt from backup withholding, or (b) we have not been notified by the Internal Revenue Service that we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified us that we are no longer subject to the backup withholding.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Section 3: Deposit Account Agreement

By signing this document, I/we have opened the type of account(s) designated on this form and acknowledge having received a copy of the Credit Union's (1) Account Terms and Conditions, (2) Funds Availability, (3) Truth-in-Savings, (4) Electronic Funds Transfer Agreement, and (5) Billing Rights Disclosure; **AND I/WE AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE DEPOSIT ACCOUNT AGREEMENT INCORPORATED HEREIN BY REFERENCE, INCLUDING THE STIPULATION TO RESOLUTION OF DISPUTES BY ARBITRATION AND THE CREDIT UNION'S RIGHT TO CHANGE THE TERMS AND CONDITIONS OF THE DEPOSIT ACCOUNT AT ANYTIME.**

The Accountholder(s) agree that the form of ownership of this account shall be controlled by the contractual agreement provided the accountholders(s). In the event that ownership of the account falls into dispute through no fault of the Credit Union, the Credit Union may place a hold on the balance until such ownership has been legally adjudicated at the expense of the depositor, or until the Credit Union is otherwise satisfied that the dispute is resolved.

Section 4: Unincorporated Associations/ Corporations

Specimens of the signatures of those authorized to make withdrawals from said account and to act in conjunction therewith are indicated hereafter, and you are authorized to act upon the request of said organization bearing any number of such signatures as indicated hereof, including, but without limiting the generality of the foregoing, until you receive written notice of the authorization of others to sign for it together with specimen signatures of such person or persons. You are authorized to supply any endorsement for the organization on any check or other instrument tendered for this account and you are hereby relieved of any liability in connection with collection of such items which are handled by you without negligence, and you shall not be liable for the acts of your agents, sub-agents or others or for any casualty. Withdrawals may not be made on account of such items until collected, and any amount not collected may be charged back to this account, including expenses incurred, and any other outside expenses incurred on account of this account may be charged to it.

Section 5: Resolution

RESOLVED, that the funds of the undersigned be and the same are hereby authorized to be added to or paid into a share and/or share draft account in the FASNY Federal Credit Union and that said institution be and it is hereby authorized to pay withdrawals and drafts until further written notice to it signed in the name of this organization as indicated below by any one person, whose signatures appear below. Said institution is authorized to supply any endorsement for the undersigned on any check or other instrument tendered for this account and it is hereby relieved of any liability in connection with collection of such items which are handled by it without negligence and it shall not be liable for the acts of its agents, sub-agents or others or for any casualty. Withdrawals may not be made on account of such items until collected, and any amount not collected may be charged back to this account, including expense incurred, and any other outside expense incurred on account of this account may be charged to it.

Name of Organization

Name of Authorized Signor (Print)	Title
Signature	Date

Name of Authorized Signor (Print)	Title
Signature	Date

Name of Authorized Signor (Print)	Title
Signature	Date

Name of Authorized Signor (Print)	Title
Signature	Date

I certify that I am duly elected and acting secretary of the above-named organization, and that the foregoing is a true and correct copy of a resolution adopted by said organization at a regular duly called meeting at which a quorum was present, and that said organization is authorized to take such action, and that the signature(s) above and hereof is/are true signature(s) of the person(s) authorized to sign as indicated in connection with said account.

This, the ___ day of _____, 2009.

Name of Secretary (Print)
Signature

In order to comply with the United States Patriot Act the FASNY Federal Credit Union is required to verify the identity of existing and new members, and authorized signers making application for accounts or services from the credit union. Confidentiality of information maintained by the credit union will be protected as required under our privacy policy.

All accountholders and authorized signatures must provide the following information and a copy of **one** of the following types of identification: Picture Driver's License, or Other Picture ID, or Green Card, or Birth Certificate, or Medicare/Medicaid Card, or Social Security Card, or Voter Registration Card, or Credit Card.

First Name	Middle	Last Name		
Street Address		City	State	Zip
E-Mail Address		Phone Number		
Social Security Number	Date of Birth	Mother's Maiden Name		

First Name	Middle	Last Name		
Street Address		City	State	Zip
E-Mail Address		Phone Number		
Social Security Number	Date of Birth	Mother's Maiden Name		

First Name	Middle	Last Name		
Street Address		City	State	Zip
E-Mail Address		Phone Number		
Social Security Number	Date of Birth	Mother's Maiden Name		

First Name	Middle	Last Name		
Street Address		City	State	Zip
E-Mail Address		Phone Number		
Social Security Number	Date of Birth	Mother's Maiden Name		

Revised 4.9.2009, TBS