



1069 Graves Avenue, Suite 100  
El Cajon, CA 92021-4573

ADDITIONAL SERVICES REQUEST

CHANGE REQUEST \_\_\_\_\_

TYPE OF CHANGE

Member Name (Print) \_\_\_\_\_ Member No. \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

I hereby make application for the account(s)/access options indicated below and agree that the account(s) is/are subject to the terms of the Membership Invitation/Signature Card. I understand and agree that the account(s) indicated below are owned by any joint owner(s) set forth on the Membership Invitation/Signature Card.

Attach Check for Initial Deposit Here

### 1 CHOOSE SERVICE AND INITIAL DEPOSIT

- Interest Checking Account (\$25.00 initial deposit): .....Transfer from:  Checking  Savings  Check Enclosed ..\$. \_\_\_\_\_  
(You must complete Section 2 below)
- Money Market Account (\$1,000.00 initial deposit): .....Transfer from:  Checking  Savings  Check Enclosed ..\$. \_\_\_\_\_
- Summer Paycheck (\$5.00 initial deposit): .....Transfer from:  Checking  Savings  Check Enclosed ..\$. \_\_\_\_\_
- Holiday Club (\$5.00 initial deposit): .....Transfer from:  Checking  Savings  Check Enclosed ..\$. \_\_\_\_\_
- Term Share Certificate (Check term in months)  
 3  6  12  18  24  36  60 .....Transfer from:  Checking  Savings  Check Enclosed ..\$. \_\_\_\_\_

### 2 CHECKING ACCESS AND CHECKING OVERDRAFT OPTIONS

CHECKING ACCESS:  VISA Debit Card (must have an ECSFCU Checking Account) One Card Second Card for first joint owner

OVERDRAFT OPTIONS:  Savings Account Only  Line of Credit Account Only  First from Savings, then from Line of Credit

First from Line of Credit, then from Savings  No Overdraft

LINE OF CREDIT ACCOUNT IS SUBJECT TO CREDIT APPROVAL (see "Schedule of Fees and Charges" for applicable overdraft fees.)

### 3 ADDING JOINT OWNER

If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s) please complete this information below. Both the primary member and new joint owner must sign at bottom.

#### Important Information About Procedure for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying documents.

Joint Owner Name \_\_\_\_\_ Drivers License No. \_\_\_\_\_ Mothers Maiden Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ E-mail \_\_\_\_\_ Relationship to Member \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

### 4 ADD / REVISE A PAY-ON-DEATH (P.O.D.) BENEFICIARY(IES)

If you, as the primary member, would like to add or revise a beneficiary(ies), please complete the information below and sign where indicated. This Add/Revision will supercede all previous designations. Note: All accounts (except IRA Accounts) will have the same beneficiaries.

**BENEFICIARY (IES)** in the event of my death, or if there is more than one owner of this account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account(s) as indicated below.

Name of Beneficiary \_\_\_\_\_ Relationship to Member \_\_\_\_\_ Home Phone \_\_\_\_\_ Percent of Account \_\_\_\_\_ %  
 Address \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name of Beneficiary \_\_\_\_\_ Relationship to Member \_\_\_\_\_ Home Phone \_\_\_\_\_ Percent of Account \_\_\_\_\_ %  
 Address \_\_\_\_\_ Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 5 AUTHORIZATION & SIGNATURES

In this Additional Services/Change Request Form "I", "Me" and "My" mean each and every person who signs below. "You" and "Your" mean East County Schools Federal Credit Union. By signing below, I understand and agree that this Additional Services/Change Request Form shall govern the Checking Account(s), the VISA Debit Card and the Online Banking Services and other accounts/services designated above. I authorize you to open other account(s) for me in person or per my telephone request. By signing below, I also authorize you to gather credit, checking account and employment information you consider appropriate from time to time thereafter. I understand that this will assist, for example, in determining my initial and ongoing eligibility for an account and for making future credit opportunities available to me. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Additional Services/Change Request Form and any other information you may receive.

Primary Members Signature \_\_\_\_\_ Date \_\_\_\_\_  New Joint Owner Signature (If Applicable) \_\_\_\_\_ Date \_\_\_\_\_ 252385-202

CREDIT UNION USE ONLY  
VERIFIED/PROCESSED BY: \_\_\_\_\_ Date \_\_\_\_\_

Attach Signature Verification Here