

## Update Form

### NAPUS Federal Credit Union

12 Herbert St / P O Box 148  
Alexandria, VA 22313-0148

Toll Free (800) 336-0284  
Fax (703) 683-1573  
E-mail cumail@napusfcu.org

### Member Information

Name	
Social Security Number	
Account Number	
Work Phone	E-mail address

### Account

Please select the account or accounts you would like to update

<input type="checkbox"/> Savings	<input type="checkbox"/> IRA Savings	<b>Certificates</b>
<input type="checkbox"/> Holiday Club	<input type="checkbox"/> Convention Club	<input type="checkbox"/> Share
<input type="checkbox"/> Money Market	<input type="checkbox"/> Golden Years Money Market	<input type="checkbox"/> Traditional IRA
<input type="checkbox"/> Checking with ATM/Debit Card	<input type="checkbox"/> Golden Years Checking with ATM/Debit Card	<input type="checkbox"/> Roth IRA Term _____

### Add a Joint Owner

Single Party    Joint Account with Survivorship    Joint Account No Survivorship

### Joint Owner

Name
Address
Social Security Number
Date of birth
Home Phone
Work Phone
Mother's Maiden Name

### Joint Owner

Name
Address
Social Security Number
Date of birth
Home Phone
Work Phone
Mother's Maiden Name

### Signatures

Joint Owner Signature	Date
Joint Owner Signature	Date
Member Signature	Date

## Remove a Joint Owner

Account owner to be removed \_\_\_\_\_

We understand removal of a Multiple Account Owner requires consent of all account owners, and we will hold the Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the accounts(s) set forth on the previous page. This relinquishment does not affect my/our obligation on any loan account.

## Payable on Death Designation

Add Payee    Remove Payee

Payee

Address

## Name Change

Change my name as follows:

## Overdraft Protection for Checking, Overdraft Priority

To protect from overdrawing your checking account (bouncing checks) you have the option to authorize transfers from both your share savings account and open end line of credit. Please indicate from which account you prefer the transfers be taken.

In case of an overdraft on my checking account, I prefer the funds be transferred first from my:  
Share Account, ID# \_\_\_\_\_      Loan Account, ID # \_\_\_\_\_

## New Address

If your address has changed since your last account update, or you would like the statement for this account sent to an address other than the address we presently have on file, please complete the following:

- Address applies to all accounts       Address applies to new account only  
 Address also applies to my NAPUS FCU Visa statement

Street or PO Box

City

State

Zip

Home Phone

Work Phone

E-mail address

## Authorization

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, 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 agreement and disclosures applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/We agree to the terms and acknowledge receipt of the EFT agreement.

## Signatures

Joint Owner Signature

Date

Joint Owner Signature

Date

Member Signature

Date

*For office use only*

Updated by:

Date