



Business Account Change Form Checklist

Please use this form to change the business address, add or remove authorized signatory(ies), or to change an individual's name.

To speed the processing of your application, please follow these steps:

1. Complete the Business Account Change Form in its entirety. Incomplete or unsigned application will delay processing of your request.
2. Be sure all signatures are complete including borrower, authorized user(s), and co-borrower (if applicable). Incomplete or unsigned applications will delay the process.
3. If adding an Authorized Signatory(ies) who is not currently a DCU Member, required identification must be provided.
4. Bring the form to your nearest DCU branch or fax it to 866.874.7820.

What you can expect

Once you've delivered the completed form...

- Your request will be processed immediately.

Once you've faxed the completed form...

- Your request will be processed within 24 hours.



BANKING – THE DCU WAY

Digital Federal Credit Union • 220 Donald Lynch Blvd
PO Box 9130 • Marlborough, MA 01752 - 9130
800.328.8797 • dcu.org • dcu@dcu.org

Business Membership Change and New Accounts Form

Member Number: _____ Business Name: _____

INSTRUCTIONS: Complete only the Section(s) applicable to your request. In ALL cases, the Sole Proprietor, Managing Member, Managing Partner, or Executive Officers must sign in Section 5 authorizing the change.

1. Changes to General Information

Provide **NEW** Information Only - if providing new Contact Name, previous Contact Name will be removed however, additional paperwork is necessary to remove the individual in his/her capacity as an owner or authorized signatory, if applicable (See Section 4 below):

NEW Physical Business Address: _____ (Street Address) _____ (City) _____ (State) _____ (ZIP)

NEW Mailing Address (if different from above): _____

NEW Phone: (_____) _____ Contact Name: _____
This individual will be the primary person to contact but will have NO account access unless also listed in Section 3

Email Address: _____

2. New Account Opening – Check those that apply

- Business Checking ** Premier Business Checking (\$20,000***), ** LTD Savings (\$25,000***), Money Market (\$1,000***)
- Member Described Account (Title) _____ Member Described Account (Title) _____
- Certificate for _____ months (up to 60), in the amount \$ _____
- DCU Check Card ** (if checked, this is automatically issued in the name of the individual listed in Section 2). Please also issue a card to the following Partners, Members, Officers, and/or other Authorized Signatory(ies) on this account:

Printed Name(s): (1) _____ (2) _____ (3) _____
** Upon Approval *** Minimum to earn dividends

If you would like a Visa® Business Platinum Card or other Business Loan, please contact us at 508.263.6700 or 800.328.8797.

3. Add Authorized Signatory(ies) – in addition to any existing Signatory(ies) currently on this Membership

1) Legal Name _____ DCU Member # _____ All Accounts
Business Title _____

If not a DCU Member, must also complete the following and provide Required Identification :
SSN _____ - _____ - _____ DOB ____/____/____ Phone (____) _____ Savings Only
Residential Address _____ Apt # _____ City/State/ZIP _____ Checking Only
Eligibility (Family Member #, Sponsor Company Name, or Organization Name through which I am joining): _____ Acct # _____

2) Legal Name _____ DCU Member # _____ All Accounts
Business Title _____

If not a DCU Member, must also complete the following and provide Required Identification :
SSN _____ - _____ - _____ DOB ____/____/____ Phone (____) _____ Savings Only
Residential Address _____ Apt # _____ City/State/ZIP _____ Checking Only
Eligibility (Family Member #, Sponsor Company Name, or Organization Name through which I am joining): _____ Acct # _____

4. Remove Authorized Signatory(ies) – cannot be used to remove partners, members, or officers

Remove the following Authorized Signatory(ies) from this Membership:

Name _____ SSN _____ Name _____ SSN _____

From All Accounts From just the following Accounts # _____, # _____, # _____, # _____, # _____

- OPTION 1:** Close this checking account, change the PIN on this membership, deactivate any existing ATM or Visa Check Card(s) and return any ACH entries or checks presented against this account, "Account Closed".
- OPTION 2:** Close this checking account, change the PIN on this membership, deactivate any existing ATM or Visa Check Card(s), reroute all ACH entries through the new checking account (SDC # _____), pay all checks up through and including Check # _____ through the new checking account. (I understand any items presented against the old checking account after sixty (60) days from this date will be rejected "Account Closed".)

ALL PREVIOUSLY AUTHORIZED CHECK CARD TRANSACTIONS WILL BE PROCESSED.

5. Signatory Authorizations and Agreements

I request the changes listed above and agree that, except as indicated on this form, the information terms and conditions set forth in the most recently dated form remain in full force and effect.

Signature (Sole Proprietor, Managing Member, Managing Partner, Executive Officer) _____ Date _____

If adding an Authorized Signatory(ies): Each person signing below 1) authorizes you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time, 2) agrees to conform to the Credit Union's bylaws as well as the terms and conditions of the *Truth-in-Savings Disclosure & Account Agreements*, *Electronic Services Disclosure & Agreements*, and the *Schedule of Fees and Service Charges*, receipt of which is acknowledged and which is incorporated by this reference, and 3) understands and agrees that DCU is authorized to act upon the order of **any one** of the persons who sign below until the credit union receives written instructions to the contrary.

Signature _____ Date _____ Signature _____ Date _____

Internal Use Only – COMPLETE ALL FIELDS: Rec'd ____/____/____ Proc By # _____ X-Ref # _____ Audited By # _____
(1st New Authorized Sig) ID Type _____ # _____ Exp ____/____/____ Add'l Doc (if applicable) _____
(2nd New Authorized Sig) ID Type _____ # _____ Exp ____/____/____ Add'l Doc (if applicable) _____