COAST GUARD EMPLOYEES CREDIT UNION

Hale Boggs Federal Building, 500 Poydras St. Rm. 1226

New Orleans, LA 70130-3396

Web: www.coastguardecu.net

Toll free: 800-772-6163 Direct: 504-671-2287 or -2289 Fax: 504-671-2290 or 877-427-3291



Account Joint Ownership (Print or Type Clearly) E-mail: cgecu@coastguardecu.net												
Copy of valid state/government photo identification required for each joint owner for verification												
This form is for adding, changing or removal of account joint ownership to new accounts or existing accounts.												
Please read and follow the instructions carefully.												
Form must be signed by each party and the Primary Account Owner to be effective.												
Primary Account Owner Information: CR						CRED	REDIT UNION STAFF USE:					
Account number:	ber: Primary Account Owner name:					Date Received:						
Type of change re	ntered:											
Primary Joint Owner: (not the primary owner, this is the first joint owner to be on the account.												
Last Name:			First:					uffix:				
								Jr. 🗆 Sr. 🛛				
Social Security Number:			Driver's License (state and number):			Birth Date:						
Current Mailing Address:			Apartment/Unit #	artment/Unit # City:			te:	Zip code:				
Home Phone: Cell Phon			e: Email:					L				
Primar			ry Joint Owner's Signature			Date signed		_				
If Primary Joint O	wner is other th	an spouse, t	hen spouse must sign	below:								
Ia	m the spouse of			r and by my signature y Joint Owner on this			nowledg	ing				
Printed name of spouse			Signature of Spouse				Date					
			orizing access to the a					Date signed				
Last Name:	wher: (Others y	ou al e auti	First:	(ccount.)	M.I.:		Suffix:					
Last Ivanie.			1 1151.									
						Birth Date:		Sr. 🗆				
Social Security Nu	imber:		Driver's License (state and number):			Birth Date:						
Current Mailing Address:			Apartment/Unit # City:			State:		Zip code:				
Home Phone: Cell Phone		e: Email:			I		1					
					1							

Primary Account Owner Initials:

Additional Joint Owner's Signature

Date signed

COAST GUARD EMPLOYEES CREDIT UNION

Account Joint Ownership (Print or Type Clearly) (Continuation)

Additional Joint Owner: (Others you are authorizing access to the account.)										
Last Name:		First:		M.I.:		Suffix:				
								□ Jr. □ Sr. □		
Social Security Number:			Driver's License (state and number):			Birth Date:				
Current Mailing Address:		Apartment/Unit # City:			State:		Zip code:			
Home Phone: Cell Phone		e: Email:								
Addit			onal Joint Owner's Signature			Date sign				
	Owner: (Others y	ou are auth	orizing access to the a	ccount.)	M.I.:					
Last Name:			First:				Suffix:			
Social Security N	Jumber:		Driver's License (state and number):			Birth I	□ Jr. □ Date:	Sr. ⊔		
Social Security Rumber.			Street's Decense (state and number).			Dittil	Jule.			
Current Mailing Address:		Apartment/Unit #	City:		Sta	te:	Zip code:			
Home Phone: Cell Phone		e: Email:								
				onal Joint Owner's Signature			Date signed			
Terms and Condit	tions	Auun								
 I understand that only the Primary Account Owner can add, change or delete Joint Ownership on an active account in good standing. 										
 I understand that any assigned Joint Account Holder has full access to the information on this account and can withdraw or deposit funds to the account. 										
 I understand that only the Primary Account Owner can apply for a loan at this credit union, that Joint Ownership does not allow them this privilege. 										
 I understand that by granting Joint Account Ownership that I am also allowing this individual to have online access to the account. 										
 I understand that only the Primary Account Owner can close this account. Lacknowledge the above terms and conditions by my signature below: 										
I acknowledge the above terms and conditions by my signature below:										
			Applicants Signature			Date signed				
Application Instructions										
1. Only completed original documents can be accepted at the credit union office.										
 All Joint Account Owners must have a completed IRS Form W-9 on file, blank forms can be obtained from <u>http://www.irs.gov</u>. All Joint Account Owners must provide a copy of valid government photo identification prior to changes taking effect. 										