

Add Joint Owner Form

**Form Instructions:**

- 1 — Complete all applicable fields
- 2 — Print completed form
- 3 — Sign and date the Signature section
- 4 — Include a copy of a non-expired government or state-issued ID

5 — Print and mail the completed form to:

Delta Community Credit Union,
ATTN: Deposit Services
P.O. Box 20541, Atlanta, GA 30320-2541
or fax to 404-677-4802

Primary Member Information

Name (First, MI, Last)

Account Number

Joint Owner Information (List all existing and new joint owners.)

Joint 1 Name (First, MI, Last)

Social Security Number

Date of Birth (MM/DD/YYYY)

Street Address (No P.O Boxes)

City

State

Zip

Home Phone

Work Phone

Cell Phone

Email Address

ID Type:

Driver's License

State Issued ID

US Passport

US Military ID

Green Card

ID Number:

State of Issue/Military Branch

Issue Date

Expiration Date

Employer

Date of Hire

Occupation

Accounts

Savings Account

Share ID:

Additional Savings Account

Share ID:

Free Checking Account

Share ID:

Money Market Account

Share ID:

Certificate of Deposit (CD)

Share ID:

Cards

ATM/Visa®

Debit Cards

Card Design

Delta Community Logo

Airplane

MMA ATM

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NCUA
This credit union is federally
insured by the National Credit
Union Administration.

P.O. Box 20541, Atlanta, GA 30320

Telephone: (404) 715-4725 Toll-Free: (800) 544-3328 Web: DeltaCommunityCU.com

Joint 2 Name (First, MI, Last) Social Security Number Date of Birth (MM/DD/YYYY)

Street Address (No P.O Boxes) City State Zip

Home Phone Work Phone Cell Phone

Email Address

ID Type: Driver's License State Issued ID US Passport US Military ID Green Card

ID Number: State of Issue/Military Branch Issue Date Expiration Date

Employer Date of Hire Occupation

Accounts Savings Account Share ID:
Additional Savings Account Share ID:
Free Checking Account Share ID:
Money Market Account Share ID:
Certificate of Deposit (CD) Share ID:

Cards ATM/Visa® Debit Card Card Design Delta Community Logo Airplane MMA ATM

Terms and Conditions

1. You promise that everything you have stated in this application is correct. You authorize Delta Community Credit Union ("Credit Union") to verify your employment and to obtain credit reports and copies of state issued identifications in connection with your request. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to federal credit unions and state chartered credit unions insured by the National Credit Union Administration. If there are any important changes, you will notify us in writing immediately. You also agree to notify us of any change in your name, address or employment within a reasonable time thereafter.

2. Upon submission of this form signed by all account owners, the ownership of the existing accounts will be modified as described herein. (This form cannot be used to remove an owner from any account) Any payable on death beneficiaries previously named will continue to apply to the account(s).

TIN Certification and Backup Withholding Information
By signing below, under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions).
Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Signature of Applicant/Member

Date

Signature of Joint Owner 1

Date

Signature of Joint Owner 2

Date

