

Application to Add a Joint Owner to an Existing Account



Please use this form to add a Joint Owner to an existing DCU Account.

To complete this process, please follow these steps:

1. Fill out the Add Joint Owner to Existing Account Form completely and sign. Incomplete or unsigned forms will delay processing your request.
2. If adding a Joint Owner who is not currently a DCU Member, REQUIRED IDENTIFICATION must be provided. Acceptable forms of identification are outlined within the form.
3. Send the form to DCU for processing by one of the following ways:
 - a. Fax to **833.670.2311**
 - b. Email the form to **membershipmaintenance@dcu.org**
 - c. Mail your completed form to:

Digital Federal Credit Union
Membership Maintenance
PO Box 9130
Marlborough, MA 01752-9130

NOTE: Emails sent to the address above are not encrypted, so you should not use this email address to send account numbers or other personal information.

What you can expect

Once you mail your application, please allow **7-10 business days** for your request to be processed.

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Primary Owner's Name _____ Member # _____ SSN _____

I understand this is an **addition** to any joint owner(s) I currently have listed on an account, if applicable. If my intention is to replace a joint owner, I must complete a "Change of Ownership Authorization Form." **NOTE:** I understand I cannot add a joint owner to a loan.

IMPORTANT INFORMATION: We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION: No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the individual's current residential address as given.** If one of these forms of identification includes both you need only submit that one: US Driver's License US Social Security Card Passport US Military ID US Work Visa Other Government Issued picture ID (2nd ID always required). DCU reserves the right to request additional identification.

If the joint owner being added is already a DCU member s/he is not required to provide the REQUIRED IDENTIFICATION but must provide Name, DCU Member #, and SSN below.

Joint Owner (1)

Legal First Name _____ Middle Initial _____ Legal Last Name _____ DCU Member # (if applicable) _____

Social Security # _____ DOB _____ Phone _____

Residential Address _____

City _____ State _____ Zip _____

Mailing Address (If different than US residential address) _____

Occupation _____

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known.
Example: Retired plumber.

Add Joint Owner (1) to:

Savings # _____

Checking # _____

Debit Card Yes No

Advantage Savings # _____

Smart Savings # _____

Money Market # _____

Member Described # _____

DCU Certificate # _____

Joint Owner (2)

Legal First Name _____ Middle Initial _____ Legal Last Name _____ DCU Member # (if applicable) _____

Social Security # _____ DOB _____ Phone _____

Residential Address _____

City _____ State _____ Zip _____

Mailing Address (If different than US residential address) _____

Occupation _____

Use specific description such as doctor, carpenter, attorney, plumber, truck driver, hardware store, etc. If occupation is self-employed, retired, or unemployed, add the former profession if known.
Example: Retired plumber.

Add Joint Owner (2) to:

Savings # _____

Checking # _____

Debit Card Yes No

Advantage Savings # _____

Smart Savings # _____

Money Market # _____

Member Described # _____

DCU Certificate # _____

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SIGNATORY AUTHORIZATION AND AGREEMENT

By signing below, I, meaning each and all who sign this form, request the changes listed above and agree that, except as indicated on this form, the information, terms, and conditions remain in full force and effect as do any terms and conditions related to additional products or services I have requested such as Overdraft Payment Services. Further I authorize you to gather and exchange whatever credit, checking account, and employment information you consider appropriate from time to time.

Primary Owner's Signature Date Joint Owner's (1) Signature Date Joint Owner's (2) Signature Date

Please sign this request. Typed names will not be accepted unless verified as a digital signature.

INTERNAL USE ONLY

JO (1) ID Type: _____ # _____ Exp _____ Add'l Doc Rec'd _____
JO (2) ID Type: _____ # _____ Exp _____ Add'l Doc Rec'd _____
Received _____ Processed by # _____ X-Ref # _____ Audited by # _____