



# Personal Account Card

P.O. Box 1954 | Spokane, WA 99210-1954 | Phone (509) 326-1954 | (800) 858-3750 | stcu.org



Action (select if applicable):

Add Ownership/Beneficiary

Account information				
<b>Ownership:</b>		<input type="checkbox"/> Single owner – Individual	<input type="checkbox"/> Joint (Right of Survivorship)	
<b>Account:</b>		<input type="checkbox"/> Checking	<input type="checkbox"/> MMA	
		<input type="checkbox"/> Savings	<input type="checkbox"/> Certificate	
			* Account # (10 digits)	
Authorization				
By signing below, I/we agree this Personal Account Card is part of and amends my/our Membership Card and the terms and conditions of the Membership and Account Agreement.				
Primary owner				
Name: First, Middle Initial, Last		Signature	Date	
			* Member #	
Additional account owner(s)				
Account Owner(s)	Name: First, Middle Initial, Last		Signature	
			Date	
			Member #	
	Name: First, Middle Initial, Last		Signature	Date
			Member #	
	Name: First, Middle Initial, Last		Signature	Date
		Member #		
Name: First, Middle Initial, Last		Signature	Date	
		Member #		
Name: First, Middle Initial, Last		Signature	Date	
		Member #		
Name: First, Middle Initial, Last		Signature	Date	
		Member #		
Payable on Death (POD) Beneficiary information				
Beneficiaries	Name: First, Middle Initial, Last		SSN	
			DOB	
			Member #	
	Name: First, Middle Initial, Last		SSN	DOB
			Member #	
	Name: First, Middle Initial, Last		SSN	DOB
		Member #		
Name: First, Middle Initial, Last		SSN	DOB	
		Member #		
Name: First, Middle Initial, Last		SSN	DOB	
		Member #		
Name: First, Middle Initial, Last		SSN	DOB	
		Member #		

STCU use only			
Acct class code:			
eSign	Doc reviewed:	eSign ID #:	Doc completed:
Branch	Employee:	OP #:	Date:

\*A Bar Code Sheet is required if the member number and account number are not typed.

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