



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			
Ownership:		<input type="checkbox"/> Single owner – Individual	<input type="checkbox"/> Joint (Right of Survivorship)
Account:		<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 #	
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 #	

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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