



MEMBERSHIP INFORMATION CHANGE FORM

Use this form to make updates to your existing/already established Elements Financial Membership. Please write legibly.

Be sure to include any necessary documents. Incomplete supporting documentation may delay processing.

Please Provide Any Updates To Your Information

Male
 Female

First Name _____ MI _____

Last Name _____

Eligible Company or Association / Organization _____

Home Street Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Mailing Address Same as Home Address

City _____ State _____ Zip _____

Home Phone (###) ###-#### _____ Cell Phone (###) ###-#### _____

Work Phone (###) ###-#### _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

Drivers License State _____ DL # _____ Issue Date _____ Exp Date _____

Occupation _____

Email Address (Home Preferred / Email Required for eStatements and eBranch Internet Banking) _____

Phone Security Word (Select a word other than your Mother's Maiden Name for use when calling us.) _____

Phone Security Word Hint (Provide a hint we use to remind you of your security word when calling Elements.) _____

Current Member Information

Male
 Female

First Name _____ MI _____

Last Name _____

Member Number _____

Name Change

Debit Card

Order a Visa® HSA Debit Card with my updated contact information

Supporting Documentation

I've provide a copy of one of the following documents below:

- Driver's Licenses
- Marriage License
- Court Order for the Name Change
- Divorce Decree

FOR CREDIT UNION USE ONLY

Member Number _____

Date of Application _____

Savings Account # _____

Checking Account # _____

Sign, Seal and Deliver

TIN Certification & Backup Withholding Info

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. person (including U.S. resident alien).

Certification 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 or U.S. resident alien.

Authorization: By signing, I/we agree to the terms and conditions of the Account Agreement and the Truth-in-Savings Disclosures, Rate and Fee Schedule and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Account Agreement and Disclosures. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

Primary Member Signature

Date

Please complete, sign & mail this form to

Elements Financial, PO Box 7123, Indianapolis, IN 46207-7123

By completing this form you grant Elements Financial permission to contact you about the benefits of membership. *Immediate Family = spouse, child, sibling, parent, grandparent, grandchild, stepparent, stepchild, step-sibling and adoptive relationships. †Household = shared residence and income.