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## CHANGE IN AUTHORIZED SIGNERS

1 Acct Information					
ENTITY NAME:			ACCT #:		
TIN/EIN					
Mailing Address		City		State	Zip
2 Authorized Signer Information <i>(Attached Authorization Letter from Entity should be Enclosed)</i>					
<b>SIGNER 1</b>	TITLE:				
NAME: First	Mi	Last		Suffix	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name	
- -		/ /			
Mailing Address		City		State	Zip
Drivers License or Official ID					
ID Number	State	Issue Date (MM/DD/YY)		Expiration (MM/DD/YY)	
/ /	/ /	/ /		/ /	
Home Phone	Work Phone	Cell Phone			
( ) -	( ) -	( ) -			
Email Address					
@					
<b>SIGNER SERVICES</b>	<input type="checkbox"/> Online Banking <i>(Only 1 Login will be available)</i>	<input type="checkbox"/> ATM Debit Card <i>(Card will contain Signer &amp; Business Name. Must be returned to credit union if change in signers occurs.)</i>			
SIGNER 2					
<b>SIGNER 2</b>	TITLE:				
NAME: First	Mi	Last		Suffix	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name	
- -		/ /			
Mailing Address		City		State	Zip
Drivers License or Official ID					
ID Number	State	Issue Date (MM/DD/YY)		Expiration (MM/DD/YY)	
/ /	/ /	/ /		/ /	
Home Phone	Work Phone	Cell Phone			
( ) -	( ) -	( ) -			
Email Address					
@					
<b>SIGNER SERVICES</b>	<input type="checkbox"/> Online Banking <i>(Only 1 Login will be available)</i>	<input type="checkbox"/> ATM Debit Card <i>(Card will contain Business Name. Must be returned to credit union if change in signers occurs.)</i>			

<b>SIGNER 3</b>	TITLE:				
NAME: First		Mi	Last	Suffix	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name	
Mailing Address		City		State	Zip
Drivers License or Official ID		/ /		/ / /	
ID Number		State	Issue Date (MM/DD/YY)	Expiration (MM/DD/YY)	
Home Phone		Work Phone		Cell Phone	
( ) -		( ) -		( ) -	
Email Address					
@					
<b>SIGNER SERVICES</b>	<input type="checkbox"/> Online Banking <i>(Only 1 Login will be available)</i>		<input type="checkbox"/> ATM Debit Card <i>(Card will contain Signer &amp; Business Name. Must be returned to credit union if change in signers occurs.)</i>		

<b>SIGNER 4</b>	TITLE:				
NAME: First		Mi	Last	Suffix	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name	
Mailing Address		City		State	Zip
Drivers License or Official ID		/ /		/ / /	
ID Number		State	Issue Date (MM/DD/YY)	Expiration (MM/DD/YY)	
Home Phone		Work Phone		Cell Phone	
( ) -		( ) -		( ) -	
Email Address					
@					
<b>SIGNER SERVICES</b>	<input type="checkbox"/> Online Banking <i>(Only 1 Login will be available)</i>		<input type="checkbox"/> ATM Debit Card <i>(Card will contain Signer &amp; Business Name. Must be returned to credit union if change in signers occurs.)</i>		

### 4 Terms and Disclosures

My signature below certifies that I have received and read the full Membership Terms and Disclosures for Metro Realtors Federal Credit Union, agree with their contents, and am aware that they are subject to change. My Signature also signifies my agreement with all member-completed content on this form. If this form was completed as an update to a previous application, the most recent form will take precedent if any member-completed content is conflicting with previously submitted content.

**TAX CERTIFICATION:** Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

### 5 Signatures

<b>SIGNER 1</b> Print Name	<b>SIGNER 2</b> Print Name
<b>SIGNER 1</b> Signature <span style="float: right;">Date</span>	<b>SIGNER 2</b> Signature <span style="float: right;">Date</span>
<b>SIGNER 3</b> Print Name	<b>SIGNER 4</b> Print Name
<b>SIGNER 3</b> Signature <span style="float: right;">Date</span>	<b>SIGNER 4</b> Signature <span style="float: right;">Date</span>