

AUTHORIZATION TO REMOVE A JOINT OWNER



Fax to 717.720.1234, or mail to P.O. Box 67009, Harrisburg, PA 17106-7009.

I acknowledge that it may be in my best interest to restrict access to my account from the person(s) that have been removed as joint owner(s). I understand that I should change my Personal Identification Number (PIN) for the account, via Self-Service Telephone or digital banking and should obtain any checks and/or debit card still in possession of those persons. I also understand that I should replace these services if I am unable to regain possession of the checks and/or cards. Please make the changes to my services in accordance with my instructions set forth below. I release the credit union from any liability for unauthorized withdrawals resulting from my failure to replace these services. For current rates, visit psecu.com/rates. For fee schedule and Truth in Savings Account Disclosures, visit psecu.com/disclosures. You can also request them by calling us at 800.237.7328.

MEMBER NAME _____	ACCOUNT NUMBER _____
ACCOUNT ADDRESS - REQUIRED FOR PROCESSING. For security purposes, you must provide the address we have on record for you. _____ _____ ADDRESS ON ACCOUNT _____	SOCIAL SECURITY NUMBER _____
CITY _____ STATE _____ ZIP _____	DATE OF BIRTH _____
IF ADDRESS IS A POST OFFICE BOX, ALSO LIST PLACE OF RESIDENCE. _____	HOME PHONE _____
	WORK PHONE _____
	CELL PHONE _____
	EMAIL ADDRESS _____

STOP NEW ADDRESS BUT HAVE NOT NOTIFIED US OF THAT CHANGE?
Do not submit this form until you have contacted us with your new address.
Call 800.237.7328 or update your address in digital banking.

REMOVE JOINT OWNER

NAME (print) _____	SOCIAL SECURITY NUMBER _____	PHONE NUMBER _____
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PLEASE PROVIDE A COPY OF YOUR UNEXPIRED DRIVER'S LICENSE.
If you do not have a driver's license or government-issued photo ID, please submit two copies of ID, one reflecting current address.

CHANGES TO THE FOLLOWING REQUIRE FURTHER ACTION

This may not be a complete list. Please contact PSECU at 800.237.7328 for more information.

- Direct Deposit
- Automatic Debits
- Loans
- Visa®
- Account-to-Account Transfers
- Self-Service Telephone Transfers (to/from)
- Bill Payer

CHECKING - Please check the appropriate box(es) below:

- I do not have Checking service.
- I have Checking service and:
 - I have obtained all checks from joint owner(s). There is no need to order checks.
 - I have obtained checks from joint owner(s) and wish to reorder checks with new imprint information recorded on the right.
 - I wish to close my Checking account and open a new Checking account. The last check written was # _____ on _____ for \$ _____.

PLEASE NOTE: Direct deposit and automated debits and credits will be affected by this change. Please destroy existing checks in your possession. If you were previously charged for checks, you will be charged again. Please allow 2 weeks to receive your checks.

CHECK IMPRINT - Please complete:

Paper checks must be ordered when opening Checking. Please let us know how you would like them to be printed. Your name and address will always be included. You may change your imprint information or choose another check style when you are ready to reorder. The basic-style checks you receive are free.

- My name and address only
- Add my home phone number
- Add my remaining joint owner's name
- Add both my home phone number and my remaining joint owner's name

DEBIT CARD

Members and joint owners must be at least 13 years old to receive a debit card. If a new card is requested, complete the PIN section below.

- I do not have a debit card.
- I have a debit card and no changes are requested. The card is only in my name.
- I have a debit card and want to:
 - close the existing card immediately. I understand that I will not have debit card access to my funds until my new card is received. Please issue new cards in the names of the following people:

NAME OF MEMBER _____

NAME OF JOINT OWNER - MUST be an existing joint owner _____

- leave existing card number open until I receive and activate my new card number. **The joint owner whose access is being removed will have card access to this account when choosing this option until the member's existing card is closed.** Please issue new cards in the names of the following people:

NAME OF MEMBER _____

NAME OF JOINT OWNER - MUST be an existing joint owner _____

PLEASE ALLOW 2 WEEKS TO RECEIVE YOUR CARD(S).

SIGNATURES - Members and ALL joint owners MUST sign, including any owner being removed.

I/We understand that PSECU will close my /our current account to terminate the Joint Ownership Agreement that exists between the former account owners and PSECU, and will use the same account number to establish a new account and Ownership Agreement in the name(s) of the remaining owner(s). I/We understand that in the absence of any instruction to restrict account access to my/our account, I/we accept full responsibility for the activity on my/our account and will hold PSECU harmless if my/our account is accessed by any former owner(s). Any negative balance created by the use of the debit card shall bear interest at the highest unsecured loan rate offered by PSECU until paid in full. All owners agree to be liable for any negative balances, including fees and costs, created by the actions of any joint owner, in any jointly held account.

I/We, and all joint owners, agree to be bound by the agreements set forth on this authorization form and in the Agreements & Disclosures and Bylaws of PSECU. (Please see Agreements and Disclosures Booklet.)

I/We authorize any person, association, firm, corporation, credit bureau or personnel office to furnish information, including credit reports, concerning my/our affairs upon request of this Credit Union. I/We understand that I/we have the right to request, in writing, the nature and scope of the credit union's investigation.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Please review the Internal Revenue Service W-9 form on the back and change, if necessary.

SIGNATURE OF MEMBER (Please sign in ink.) _____ DATE _____

SIGNATURE OF JOINT OWNER (Please sign in ink.) _____ DATE _____

SIGNATURE OF JOINT OWNER (Please sign in ink.) _____ DATE _____

DEBIT CARD PIN

Select a PIN that is not easily identified with you, such as your Social Security number. Please do not use your Member Account PIN, symbols, numbers between 0000 and 0009, repeating numbers (1111, 2222, etc.), or consecutive ascending or descending numbers (1234, 4321, for example). Write your PIN in the spaces below and note it for your reference. PSECU does not keep your PIN on file.

YOUR DEBIT CARD PIN:

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PLEASE SEE REVERSE FOR IMPORTANT INFORMATION.

**W-9 FORM - INTERNAL REVENUE SERVICE TIN CERTIFICATION
AND BACKUP WITHHOLDING INFORMATION**

Primary Applicant Only

Under penalties of perjury, I certify that: (i) I am a U.S. citizen or resident, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown on this form is my correct identification number and (iii) I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I AM SUBJECT TO BACKUP WITHHOLDING.

If you are a foreign person (not a U.S. citizen or resident), please print, complete and return form W-8BEN to us with any required documents.

Any financial service provided by PSECU may be used for any transaction permitted by law. You agree that you will not use any service for any transaction that is illegal under applicable federal, state or local law. You agree that illegal use of any financial service will be deemed an action of default or breach of contract. Use of any financial service in a manner not permitted by law may cause that service or related services to be terminated at PSECU's discretion. You further agree, should illegal use occur, to waive any right to sue PSECU for such illegal use or any activity directly or indirectly related to it. Additionally, you agree to indemnify and hold PSECU harmless from any suits or other legal action or liability, directly or indirectly, resulting from such illegal use. PSECU reserves the right to decline any transaction that we consider fraudulent, suspicious, or illegal. PSECU will not knowingly authorize charges related to online gambling.

U.S.A. PATRIOT ACT IDENTITY VERIFICATION NOTICE

Important information about procedures for opening a new PSECU account.

To help our government fight the funding of terrorism and stop money-laundering activities, Federal law requires all financial institutions, including PSECU, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Taxpayer Identification Number (TIN) (usually your Social Security Number) and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying document(s). The law requires us to maintain records of the identification verification and periodically update this information.

Please be assured that the same strict confidentiality of your information maintained by PSECU will be continued as required under the **Gramm-Leach-Bliley Privacy Act** and **PSECU's Privacy Policy**.