



REQUEST TO HOUSEHOLD ACCOUNTS

Member Name (Print) _____

Member Number _____

Physical Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

eMail Address _____

Cell Phone _____

Please list all other account numbers of members in your household you would like to link through Relationship Pricing and have them sign the form. Please note: As accounts must have the same physical address for householding, address changes may affect member benefits through Relationship Pricing. Householding accounts will not affect account ownership or access. Delinquency on any account in the household may disqualify all accounts in the household from Relationship Pricing benefits.

Account Number _____

Member Name (Print) _____

Member Signature _____

Account Number _____

Member Name (Print) _____

Member Signature _____

Account Number _____

Member Name (Print) _____

Member Signature _____

Account Number _____

Member Name (Print) _____

Member Signature _____

Account Number _____

Member Name (Print) _____

Member Signature _____

Account Number _____

Member Name (Print) _____

Member Signature _____

Member Signature _____ Date _____

CREDIT UNION USE ONLY

_____ Each account has the same physical address

_____ Each signature has been verified

Staff Signature _____ Date _____