



Technicolor Federal Credit Union

Reel Action. Real Service. For Reel People.

ADDITIONAL SERVICES REQUEST FORM

Technicolor Federal Credit Union
434 W. Alameda Ave. • Burbank, CA 91506-3202
Ph (818) 973-4900 • Fax (818) 973-4912

Primary Owner (A) Member Name (Print) _____ Account No. _____
 New Name (if applicable) _____

Joint Owner (B) Member Name (Print) _____
 New Name (if applicable) _____

Joint Owner (C) Member Name (Print) _____
 New Name (if applicable) _____

Important Account Opening Information: Federal Law requires us to obtain sufficient information to verify your identity. All applicants (primary & joint) must submit a photocopy of a current and valid state or U.S. Government-issued photo identification card with any name change (new name) requests. The credit union must maintain the records used to verify your identity. Our privacy policy and federal law protect the information you provide.

By signing below I hereby make application for the account(s) indicated below and agree that the account(s) is/are subject to the terms of the applicable Truth-In-Savings, Account Agreements and Electronic Services Disclosure which I have received and agree to be bound by. I understand and agree that the account(s) indicated below are owned by any joint owner(s) as set forth at the initial opening of my account(s).

Reflection Savings Account (\$5 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Crew Account (\$10 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Director's Account (\$25 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Single Reel Money "Mark It" (\$2,500 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Double Reel Money "Mark It" (\$25,000 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Share Certificate (\$1,000 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

IRA Account (\$50 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

TOTAL INITIAL DEPOSIT ENCLOSED \$ _____

CHECKING ACCOUNT PACKAGE

Spectrum Checking (\$25 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Spectrum Plus Checking (\$1,000 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Above-the-Line Teen Checking (\$25 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Business Checking (\$100 min. deposit) Transfer From: Checking Savings Check Enclosed \$ _____

Check here for Behind-the-Scenes Automatic Overdraft Protection (Account must have automatic payroll deposit)

CHECK ORDERS

For a preview of designer style checks, visit www.Libertysite.com. If you already have a TFCU checking account, you can order checks online at www.technicolorfcu.org. I would like the Credit Union to order my checks immediately upon approval of my TFCU checking Account. I have completed all information below as it is to appear on my check.

Name _____ Check to add Joint Owner Name (Please complete **ADDING JOINT OWNER** section below if not previously joint owner, joint owner must sign below)

Complete address as it is to appear on Checks _____

City _____ State _____ Zip _____ Phone (_____) _____

Special Instructions (ie: Drivers License no.) _____

Check Style _____ Letter Style _____ Starter No. _____ No. Of Boxes _____ Accents _____

ADDING JOINT OWNER (B)

If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s), please complete the information below. Both the primary member and the new joint owner(s) must sign at the bottom of this additional services request form.

Joint Owner Name _____ Drivers License No. _____ Mother's Maiden Name _____

Home Address _____ Home Phone _____ Work Phone _____

Date of Birth _____ Social Security No. _____ Employer _____ Occupation _____

ADDING JOINT OWNER (C)

If you did not originally have a joint owner and you wish to add a Joint Owner to all your account(s), please complete the information below. Both the primary member and the new joint owner(s) must sign at the bottom of this additional services request form.

Joint Owner Name _____ Drivers License No. _____ Mother's Maiden Name _____

Home Address _____ Home Phone _____ Work Phone _____

Date of Birth _____ Social Security No. _____ Employer _____ Occupation _____

ADDING A BENEFICIARY

If you as primary member would like to add a beneficiary, please complete the information below and sign below where indicated. BENEFICIARY(IES) in the event of my death, or if there is more than one owner of the account, in the event of death of all the owners, the owner(s) hereby designate as my/our beneficiary(ies) to receive all sums in my/our account(s).

Name _____ Soc. Sec. No. _____ Relationship _____

Name _____ Soc. Sec. No. _____ Relationship _____

SIGNATURES

Primary Owner (A) Signature _____ Date _____ *Joint Owner (B) Signature _____ Date _____ *Joint Owner (C) Signature _____ Date _____

*Joint Owners: Please submit photocopy of ID and SS card.

CREDIT UNION USE ONLY: ACCOUNT STATUS CODES FOR UPDATES: 1. Adding Joint Owner 2. Removing Joint Owner 3. Name Change or AKA 4. Adding DBA to Account 5. Deceased Account 6. Adding a Checking 7. Adding a Trust 8. Changing Beneficiary 9. Adding Beneficiary 10. Other ACCOUNT STATUS CODE _____ MSR COMMENTS: _____