



Household Opt-In Form

I/We request to household the following account(s) **in order that the credit union can apply Relationship benefits to all members of the household.** The credit union will evaluate each member in the household monthly to determine the highest Member Relationship criteria met, then all of the linked accounts within the household will receive those benefits.

By signing below, the primary owner of each account acknowledges the household link and understands that the link will be cancelled if (a) the "Master Account" is closed, (b) a cancellation request is received by the credit union or (c) the household address requirement is not met. Household members are defined as members living at the same physical residence address that corresponds to the credit union's address of record. By signing below the primary owner of each account also understands and agrees that general account information (e.g. total balances, account types, member name) may be disclosed to other account holders within my "household." This will **not allow** non-joint account holders to access my accounts. *(Use black ink)*

MASTER Account Number : _____

Primary Owner _____ X _____
Print Name Primary/Joint Owner Signature Date

Household Address _____
Street City/State/Zip Phone

Other Accounts to be Househanded

LINK Account Number : _____

Primary Owner _____ X _____
Print Name Signature Date

LINK Account Number : _____

Primary Owner _____ X _____
Print Name Signature Date

LINK Account Number : _____

Primary Owner _____ X _____
Print Name Signature Date

Request to Cancel Account Link

My account is currently linked as part of a household in order to apply for Member Relationships. This request is to cancel the link designation for the accounts indicated below.

Accounts to be cancelled: _____, _____, _____

Request to Cancel Master Account

I understand that this is a "master" account and the benefits of Member Relationships will be cancelled for each linked account.

Upon cancellation of a household link, the account will be reevaluated individually to determine Member Relationship Benefits. In order to establish a new household link, a new application form must be completed.

Account Number: _____ X _____
Account Owner's Signature Date

Accounts not in good standing will affect Relationship benefits for all linked accounts within the household. Other restrictions may apply. See credit union for details.