



Add, Change, or Remove Code Word

- Account holders 17 years of age or under: This form requires the signature of a parent or guardian who is on the account.

Please allow 10 business days to process your request upon BECU receipt.

Step 1. Account holder information

Full Name			
Date of Birth	SSN / TIN (9 digits)	Mother's Maiden Name	
Street Address			
City	State / Province	ZIP / Postal Code	Country
Mailing Address (if different than above)			
City	State / Province	ZIP / Postal Code	Country
Email Address	Phone	Phone Type <input type="radio"/> Home <input type="radio"/> Cell	

Step 2. Code Word

- Code words must not include racial slurs, profanity, or other inappropriate language. For more information, please refer to the [Member Code of Conduct](#).
- Code word requirements:
 - Consists of only a word or phrase
 - No punctuation marks or special characters
 - Not case-sensitive
 - No question/answer combinations

A. Add or change code word. (30 characters maximum, including spaces)

New Code Word

B. Remove code word. (Not recommended)

- A code word provides an added layer of account security. We recommend that you change rather than remove your code word.

Step 3. Current picture ID

Attach a photocopy of **one** of the following ID types when submitting via mail or fax:



Document Types

- U.S. driver's license / permit / ID
- U.S. passport / passport ID
- Tribal ID
- U.S. territory driver's license / ID
- U.S. State Dept. driver's license / ID
- Mexico consular ID
- Permanent Resident Card
- Current passport (Non-U.S.)
- Global Entry / Nexus card

Step 4. Acknowledgment and consent

By signing below, I certify that I have personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose selected above. I understand that BECU will rely on such information in BECU's dealings with me.

Signature	Printed Name	Date (MM/DD/YYYY)
Parent/Guardian Signature*	Printed Name	Date (MM/DD/YYYY)

*Required for signers ages 17 and under

If form is not submitted electronically, please return completed and signed form to:
BECU

Attn: Account Servicing M/S 1094-2
P.O. Box 97050
Seattle, WA 98124-9750
or fax to 206-805-5612

BECU only

Employee Name	Location Name	Date (MM/DD/YYYY)
ID Verified <input type="checkbox"/>	Person Number	