



Add Account Holder  
University of Delaware

**Required Information:**

Existing Account Holder: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

WSFS Account(s): \_\_\_\_\_

List all WSFS Account #'s requiring maintenance (as detailed below)

**Patriot Act of 2001 - IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions 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, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We thank you for your understanding and for joining us in securing a safer tomorrow.

**Add Account Holder:**

Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Drivers License No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_ State \_\_\_\_\_

By signing this form I/We hereby acknowledge receipt of the disclosure of the terms and conditions for the services requested herein and agree to be bound by them. Under penalty of perjury, I (We) certify: (1) that the number(s) shown on this form is/are my (our) correct taxpayer identification(s) and (2) that I (we) are not subject to backup withholding, either because I (we) have not been notified that I (we) are subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service (IRS) has notified me (us) that I (we) are no longer subject to backup withholding. (If section (2) of this sentence is not a correct statement, strike out that section.) The IRS does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
Signature of New Account Holder Date

\_\_\_\_\_  
Signature of Existing Account Holder Date

**Required Information: Add Account Holder Form must include signatures of all persons involved and copy of ID for person being added to account.**

**Please submit request via WSFS Drop Box in the Trabant University Center  
Or Mail to: WSFS Bank, Attn: Customer Service, P.O. Box 1889, Wilmington, DE 19899**

\*You will receive email and other appropriate notification upon receipt of request. If you do not receive this correspondence, please contact Customer Service at (302) 792-6000 or 1-888-WSFSBANK.

**FOR BANK USE ONLY** Received by: \_\_\_\_\_ Date: \_\_\_\_\_