

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner: _____ **Member No:** _____

Designate the ownership of the accounts and responsibility for the services requested.
 Individual **Joint Account with Survivorship** **Joint Account without Survivorship**

Street: _____ SSN/TIN: _____
 City/State/Zip: _____ Driver's Lic. No.: _____
 Home Phone: () Listed Unlisted Date of Birth: _____
 Work Phone: () Password: _____
 E-mail: _____ Membership Eligibility: _____
 Employer: _____

ACCOUNT OWNERSHIP

Joint Owner: _____ SSN/TIN: _____
 Street: _____ Driver's Lic. No.: _____
 City/State/Zip: _____ Date of Birth: _____
 Home Phone: () Listed Unlisted Password: _____
 Work Phone: () E-mail: _____

Joint Owner: _____ SSN/TIN: _____
 Street: _____ Driver's Lic. No.: _____
 City/State/Zip: _____ Date of Birth: _____
 Home Phone: () Listed Unlisted Password: _____
 Work Phone: () E-mail: _____

Joint Owner: _____ SSN/TIN: _____
 Street: _____ Driver's Lic. No.: _____
 City/State/Zip: _____ Date of Birth: _____
 Home Phone: () Listed Unlisted Password: _____
 Work Phone: () E-mail: _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account All Accounts Designate Specific Account(s):

Beneficiary/POD Payee: _____ Beneficiary/POD Payee: _____
 Street: _____ Street: _____
 City/State/Zip: _____ City/State/Zip: _____

UTTMA/UGMA (as custodian for _____ (minor)
 under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN: _____

AGENCY Name of Agent: _____ (please print)
 Signature: _____ (date)
 All Accounts Designate Specific Account(s)

Other _____ See Account Authorization Card

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix *	Suffix *
<input type="checkbox"/> Share/Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed above. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES		
<input type="checkbox"/> Payroll Deduction/Direct Deposit:		
<input type="checkbox"/> Audio Response:		
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority):		
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:	
<input type="checkbox"/> PC Access/Internet Banking:		
<input type="checkbox"/> Other:		
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION		
<p>Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).</p> <p>Certification Instructions. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.</p>		
AUTHORIZATION		
<p>By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I /We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>		
X	X	
Signature _____	Date _____	Signature _____
Date _____		Date _____
X	X	
Signature _____	Date _____	Signature _____
Date _____		Date _____
FOR CREDIT UNION USE ONLY		
<input type="checkbox"/> See Account Change Card	<input type="checkbox"/> See Insurance Beneficiary Card	
Date of Membership:	Opened/App'd by:	Member Verification:
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Control List Checked by:	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking