



# UNITED NEIGHBORS Federal Credit Union

## ACCOUNT CARD

72 Riverside Drive • Deferiet, NY 13628 • (315) 493-6203 • Fax: (315) 493-6573  
144 Eastern Blvd • Watertown, NY 13601 • (315) 782-6476 • Fax: (315) 782-6930

### 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"/> Other	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

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

### MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone ( ) _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password _____
Work Phone ( ) _____	Employment _____
E-mail _____	
Eligibility for Membership _____	

### TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

**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).

**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.

### AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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.**

X _____	X _____
Signature	Signature
Date	Date
X _____	X _____
Signature	Signature
Date	Date

### ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit
- ATM Card \_\_\_\_\_
- Overdraft Protection (Indicate transfer priority below) \_\_\_\_\_
- Debit Card \_\_\_\_\_
- PC Access/Internet Banking \_\_\_\_\_
- Audio Response \_\_\_\_\_
- Other \_\_\_\_\_

### ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

- Individual     Joint Account with Survivorship     Joint Account without Survivorship

Joint Owner \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_

Driver's Lic. No \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Password \_\_\_\_\_

- Listed     Unlisted

Email \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

Joint Owner \_\_\_\_\_

SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_

Driver's Lic. No \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Password \_\_\_\_\_

- Listed     Unlisted

Email \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

### ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Agency**    Print Name of Agent \_\_\_\_\_

Signature \_\_\_\_\_ (Date) \_\_\_\_\_

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (Minor) under the

Uniform Transfers/Gifts to Minors Act)    Minor's TIN/SSN \_\_\_\_\_

**Other** \_\_\_\_\_     See Account Authorization Card

**For Credit Union Use Only**     See Account Change Card     See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_    Opened/App'd by \_\_\_\_\_    Member Verification \_\_\_\_\_

Credit Report

Check Verify

Pin Request

Access Card

Audio Response

PC Access/Internet Banking