

ACCOUNT CARD

ACCOUNT TYPE

- Share/Savings _____
 Share Draft/Checking _____
 Share Certificate/Certificate _____

- Money Market _____
 Other _____
 Other _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding
 Exempt

- I am not a United States citizen or resident
(complete W-8 form)

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member _____
Street _____
City/State/Zip _____
Phone Home () _____
Phone Work () _____
Employment _____
Eligibility for Membership _____

Account No. _____

SSN/TIN _____

Driver's Lic. No. _____

Date of Birth _____

Mother's Maiden Name _____

AUTHORIZATION

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.**

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit _____
- Overdraft Protection (Indicate transfer priority below) _____
- Other _____
- ATM Card _____
- Debit Card _____
- Other EFT Service _____
- Other _____

ACCOUNT OWNERSHIP

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

- Single Party** **Multiple Party with Survivorship** **Multiple Party without Survivorship**

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No _____

City/State/Zip _____ Date of Birth _____

Phone Home () _____ Work () _____ Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No _____

City/State/Zip _____ Date of Birth _____

Phone Home () _____ Work () _____ Mother's Maiden Name _____

- Other _____ See Account Authorization Card

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account** All accounts Designate specific account(s)
- Beneficiary _____ Beneficiary _____
- Street _____ Street _____
- City/State/Zip _____ City/State/Zip _____
- UTMA/UGMA** (as custodian for _____ (minor) under the
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____
- Agency** Name of Agent _____
- All Accounts Designate specific account(s) _____

FOR CREDIT UNION USE ONLY

- See Account Change Card**

Date of Membership _____ Opened /App'd by _____ Member Verification _____

PIN Request _____ Credit Report _____ Check Verify _____ Access Card _____