



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION			Member No:
Member/Owner:			
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			
Designate the ownership of the accounts and responsibility for the services requested.			
Individual	Joint Account with Rights of Survivorship		Joint Account without Rights of Survivorship
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 Accounts _____	
Primary Beneficiaries			
Beneficiary/POD Payee:	Beneficiary/POD Payee:		
Street:	Street:		
City/State/Zip:	City/State/Zip:		
Contingent Beneficiaries (if only one primary beneficiary is named)			
Beneficiary/POD Payee:	Beneficiary/POD Payee:		
Street:	Street:		
City/State/Zip:	City/State/Zip:		
UTMA (as custodian for Minors Act)	(minor) under the Uniform Transfers to		
Minor's SSN/TIN:			
Agency Print Name of Agent:			
Signature:	Date: _____		
All Accounts		Designate Specific Accounts _____	
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 unless the Credit Union is notified in writing of a change.

Suffix

Suffix

Share/Savings: _____

Money Market: _____

Share Draft/Checking: _____

HSA: _____

Share Certificate/Certificate: _____

Other: _____

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. 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

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority.):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

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 (or I am waiting for a number to be issued), and*
- (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. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*
- (4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.*

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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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 agreements 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 Fund Transfers Agreement and Disclosure. *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

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