

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION			
Member/Owner:			Member No:
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.			
<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account with Rights of Survivorship <input type="checkbox"/> 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's SSN/TIN:		(minor) under the Uniform Transfers to	
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				
<p><i>Under penalties of perjury, I certify that:</i></p> <p>(1) <i>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and</i></p> <p>(2) <i>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</i></p> <p>(3) <i>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).</i></p> <p>(4) <i>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</i></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. 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.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Exempt payee code (if any) _____</td> <td style="width: 50%; border-bottom: 1px solid black;">Exemption from FATCA reporting code (if any) _____</td> </tr> </table>			Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____
Exempt payee code (if any) _____	Exemption from FATCA reporting code (if any) _____			
AUTHORIZATION				
<p>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. <i>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</i></p>				
<div style="display: flex; justify-content: space-between;"> X X </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Signature _____</div> <div style="width: 45%;">Date _____</div> </div>	<div style="display: flex; justify-content: space-between;"> X X </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Signature _____</div> <div style="width: 45%;">Date _____</div> </div>			
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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		