

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 change.

	Suffix		Suffix
<input style="width: 50px; height: 25px;" type="text"/> Share/Savings:		<input style="width: 50px; height: 25px;" type="text"/> Money Market:	
<input style="width: 50px; height: 25px;" type="text"/> Share Draft/Checking:		<input style="width: 50px; height: 25px;" type="text"/> HSA:	
<input style="width: 50px; height: 25px;" type="text"/> Certificate of Deposit:		<input style="width: 50px; height: 25px;" type="text"/> 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 & OWNERSHIP INFORMATION” section. If this Card applies to more than one account of the same type, more than one suffix will be listed for the account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No:

Member/Owner: _____

Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver’s Lic. No. _____
Home Phone: _____	Date of Birth: _____
Work Phone: _____	Password: _____
Employer: _____	Email: _____
Membership Eligibility: _____	

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 foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*

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.

AUTHORIZATION

By Signing below, I/we agree to the terms and conditions on 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.*

Signature	Date	Signature	Date
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Signature	Date	Signature	Date
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ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit _____	<input type="checkbox"/> ATM Card _____
<input type="checkbox"/> Overdraft Protection _____	<input type="checkbox"/> Debit Card _____
<input type="checkbox"/> Online Banking _____	<input type="checkbox"/> Bill Payment _____
<input type="checkbox"/> Audio Response _____	<input type="checkbox"/> Other _____

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
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Joint Owner:

Street: _____	SSN/TIN: _____
City/State/Zip: _____	Driver's Lic. No. _____
Home Phone: _____	Date of Birth: _____
Work Phone: _____	Password: _____
Employer: _____	Email: _____
Membership Eligibility: _____	

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

All Accounts Designate Specific Accounts: _____

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

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

Agency Print Name of Agent: _____

Other Signature: _____ Date: _____