

**NEW MEMBERSHIP  
ACCOUNT CARD**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

<b>Member:</b>		<b>Member No:</b>
Street:		SSN/TIN:
City/State/Zip:		Driver's Lic. No:
Home Phone:		Date of Birth:
Work Phone:	Cell Phone:	Mother's Maiden Name:
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

<b>Joint Owner:</b>		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Home Phone:	Cell Phone:	Mother's Maiden Name:
Work Phone:		E-mail:
<b>Joint Owner:</b>		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Home Phone:	Cell Phone:	Mother's Maiden Name:
Work Phone:		E-mail:
<b>Joint Owner:</b>		SSN/TIN:
Street:		Driver's Lic. No:
City/State/Zip:		Date of Birth:
Home Phone:	Cell Phone:	Mother's Maiden Name:
Work Phone:		E-mail:

**ACCOUNT DESIGNATIONS**

- Beneficiary Account**

Beneficiary:	Beneficiary:
Street:	Street:
City/State/Zip:	City/State/Zip:

- 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Savings: _____     | <input type="checkbox"/> Money Market: _____ |
| <input type="checkbox"/> Checking: _____    | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Certificate: _____ | <input type="checkbox"/> Other: _____        |

# NEW MEMBERSHIP ACCOUNT CARD

MEMBER NO: \_\_\_\_\_

## ACCOUNT SERVICES

- Direct Deposit:
- Phone Account Access:
- Overdraft Protection (Indicate transfer priority.):
- ATM Card                       Debit Card                       Opt Out - Member Initials \_\_\_\_\_
- Online Banking:
- Check Orders  
Opt Out Member Initials: \_\_\_\_\_
- 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),*
- (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 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.*

<b>X</b>	_____	<b>X</b>	_____
Signature	Date	Signature	Date
<b>X</b>	_____	<b>X</b>	_____
Signature	Date	Signature	Date

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership:

Opened/App'd by:

Member Verification:

Membership Officer Signature **X** \_\_\_\_\_