

# ACCOUNT CARD

## ACCOUNT TYPE

All of the terms, conditions, forms of account ownership, account selections and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

	Suffix*		Suffix*
<input type="checkbox"/> Share/Savings	_____	<input type="checkbox"/> Money Market	_____
<input type="checkbox"/> Share Draft/Checking	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

\*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone (    ) _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth _____
Work Phone (    ) _____	Password _____
E-mail _____	Employer _____
Eligibility for Membership _____	

## 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,
- (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 Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which is 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 REQUESTED

- Payroll Deduction/Direct Deposit  ATM Card \_\_\_\_\_
- Overdraft Protection (indicate transfer priority below)  Debit Card \_\_\_\_\_
- \_\_\_\_\_  Audio Response \_\_\_\_\_
- PC Access/Internet Banking \_\_\_\_\_  Other \_\_\_\_\_

## ACCOUNT OWNERSHIP

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

- Individual**  **Joint Account with Survivorship**  **Joint Account without Survivorship**
- \_\_\_\_\_  \_\_\_\_\_

**Joint Owner** \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Password \_\_\_\_\_

Listed  Unlisted E-mail \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

**Joint Owner** \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Street \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Password \_\_\_\_\_

Listed  Unlisted E-mail \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

## ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account**

POD Payee \_\_\_\_\_ POD Payee \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Convenience Account** Print Name of Convenience Person \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal Custodian Account (as custodian for) \_\_\_\_\_

**UTTMA** (as custodian for \_\_\_\_\_ (minor) under the  
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN \_\_\_\_\_

**Other** \_\_\_\_\_  See Account Authorization Card.

## FOR CREDIT UNION USE ONLY

Opened/App'd by \_\_\_\_\_ Membership Officer \_\_\_\_\_ Date \_\_\_\_\_