



Main Branch    Government Branch

# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_

Account No. \_\_\_\_\_  
SSN/TIN \_\_\_\_\_  
Driver's Lic. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
Eligibility for Membership \_\_\_\_\_  
Position \_\_\_\_\_

### ACCOUNT TYPE

Share/Savings \_\_\_\_\_  
 Share Draft/Checking \_\_\_\_\_  
 Share Certificate/Certificate \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

### ACCOUNT SERVICES

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

## ACCOUNT OWNERSHIP

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

**Joint Owner** \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Joint Owner** \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Individual**       **Joint Account with Survivorship**  
SSN/TIN \_\_\_\_\_  
Driver's Lic. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
E-Mail \_\_\_\_\_

SSN/TIN \_\_\_\_\_  
Driver's Lic. No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_  
E-Mail \_\_\_\_\_

**TIN CERTIFICATION ANY BACKUP WITHHOLDING INFORMATION**

*By signing below, under penalty 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).*

Certificate 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 are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosure 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 Services does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**ACCOUNT SERVICES**

Payable on Death (POD)/Trust Account

All accounts \_\_\_\_\_

Designate specific account(s) \_\_\_\_\_

Beneficiary/POD Payee \_\_\_\_\_ SS# \_\_\_\_\_

Street \_\_\_\_\_

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

Beneficiary/POD Payee \_\_\_\_\_ SS# \_\_\_\_\_

Street \_\_\_\_\_

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

As custodian for \_\_\_\_\_

(minor) under the Uniform Transfer/Gifts to Minors Act)

Minor's TIN/SSN \_\_\_\_\_

Agency (Print Name of Agency) \_\_\_\_\_

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

All Accounts       Designate Specific Account(s)

Other \_\_\_\_\_

See Account Authorization Card

**FOR CREDIT UNION USE ONLY**

**Date of Membership:** \_\_\_\_\_ **Opened/App'd by:** \_\_\_\_\_

**Chex Systems/Patriot Guard:** \_\_\_\_\_