

**ACCOUNT CARD**

**Important Information About Opening a New Account.** To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

<input type="text" value="Member No."/>		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
Member/Owner:	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address: Street	SSN/TIN:		
City/State/Zip:	ID Type (Driver's Lic.):		
Physical Address: Street	ID Number (License No.):		
City/State/Zip:	ID Issuing State:	ID Issuing Date:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID Exp. Date:	Date of Birth:	
Work Phone:	Employer:		
Cell Phone:	Mother's Maiden Name:		
E-mail:	Membership Eligibility:		

**ACCOUNT OWNERSHIP - Please complete this section if you desire joint owners on your share or deposit accounts**

<b>Joint Owner:</b>		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: Street	SSN/TIN:		
City/State/Zip:	ID Type (Driver's Lic.):		
Physical Address: Street	ID Number (License No.):		
City/State/Zip:	ID Issuing State:	ID Issuing Date:	
Home Phone:	ID Exp. Date:	Date of Birth:	
Work Phone:			
Cell Phone:			
<b>Joint Owner:</b>		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: Street	SSN/TIN:		
City/State/Zip:	ID Type (Driver's Lic.):		
Physical Address: Street	ID Number (License No.):		
City/State/Zip:	ID Issuing State:	ID Issuing Date:	
Home Phone:	ID Exp. Date:	Date of Birth:	
Work Phone:			
Cell Phone:			
<b>Joint Owner:</b>		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address: Street	SSN/TIN:		
City/State/Zip:	ID Type (Driver's Lic.):		
Physical Address: Street	ID Number (License No.):		
City/State/Zip:	ID Issuing State:	ID Issuing Date:	
Home Phone:	ID Exp. Date:	Date of Birth:	
Work Phone:			
Cell Phone:			

**ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary on your share or deposit accounts**

<input type="checkbox"/> Payable on Death (POD)/Trust Account	<input type="checkbox"/> All Accounts		
Beneficiary/POD Payee: _____		Beneficiary/POD Payee: _____	
Street: _____		Street: _____	
City/State/Zip: _____		City/State/Zip: _____	
SSN/TIN: _____		SSN/TIN: _____	
<input type="checkbox"/> Other: _____			<input type="checkbox"/> See Account Authorization Card

**ELECTION OF SHARE OR DEPOSIT ACCOUNT TYPES AND SERVICES**

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.

**Account Type**

- Share Savings
- Experience Checking
- Student Checking  
Graduation Date \_\_\_\_\_ School \_\_\_\_\_
- Summer Paydays
- Christmas Club
- IRA

**Account Type**

- ATM Card
- Debit Card
- Express Call
- Smart Branch
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

- Overdraft Protection  
(indicate transfer priority)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- 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**

**Credit Report Authorization:** By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

**For Account and/or Account Service Request:** By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth in Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement and Disclosure and Privacy Notice and to any amendments to these documents that the Credit Union may make from time to time.

*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

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
SIGNATURE DATE

**FOR CREDIT UNION USE ONLY**

Application Processed/MIP Requirements Completed by: \_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

This application approved by the Board, Executive Committee, or Membership Officer. \_\_\_\_\_  
SECRETARY EXECUTIVE COMMITTEE, MEMBERSHIP OFFICER DATE