

ACCOUNT TYPE

- Share/Savings \_\_\_\_\_
- Money Market \_\_\_\_\_
- Share Draft/Checking \_\_\_\_\_
- Other \_\_\_\_\_
- Share Certificate/Certificate \_\_\_\_\_
- Other \_\_\_\_\_

Must Apply In Person

TIN CERTIFICATE AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- I am subject to backup withholding
- I am not a United States Citizen or resident (complete W-8 form)
- Exempt

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member \_\_\_\_\_ Account No. \_\_\_\_\_

Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_

Phone Home ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Employment \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

E-mailed or faxed applications will not be accepted.

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 have received and read 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 \_\_\_\_\_ X \_\_\_\_\_  
Signature Date Signature Date

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

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit  ATM Card \_\_\_\_\_

Overdraft Protection (Indicate transfer priority below) \_\_\_\_\_ Select preferred 4-digit Personal Identification No. \_\_\_\_\_

Check if interested in pending services \_\_\_\_\_ PIN: \_\_\_\_\_

Other \_\_\_\_\_

**Must Apply In Person**

**ACCOUNT OWNERSHIP**

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

**Single Party**       **Multiple party with Survivorship**       **Multiple Party without Survivorship**

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

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

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

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

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

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

Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

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

**E-mailed or faxed applications will not be accepted.**

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD) Trust Account**  **All Accounts**  Designate specific account(s) \_\_\_\_\_

Beneficiary \_\_\_\_\_ Beneficiary \_\_\_\_\_

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

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

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

**Agency** Name of agent \_\_\_\_\_

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

**FOR CREDIT UNION USE ONLY:**

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

PIN Request \_\_\_\_\_ Credit Report \_\_\_\_\_ Check Verify \_\_\_\_\_ Access Card \_\_\_\_\_