

ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Primary Member (First-Initial-Last):

Member No:

Street:	SSN/AIN:
City/State/Zip:	ID Type: ID #:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone: Cell Phone:	E-mail:
Employer:	Password:
Membership Eligibility:	Password Hint:
Family Qualifier:	

ACCOUNT OWNERSHIP

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

- Individual Joint Account with Rights of Survivorship
 Owner Member

Joint Member/Owner (First-Initial-Last):

Street:	SSN/AIN:
City/State/Zip:	ID Type:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID #:
Work Phone: Cell Phone:	Date of Birth:
E-mail:	Membership Eligibility:
Password: Password Hint:	Family Qualifier:

Joint Member/Owner (First-Initial-Last):

Street:	SSN/AIN:
City/State/Zip:	ID Type:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	ID #:
Work Phone: Cell Phone:	Date of Birth:
E-mail:	Membership Eligibility:
Password: Password Hint:	Family Qualifier:

ACCOUNT DESIGNATIONS

Payable on Death (POD) Account

Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
SSN/AIN:	SSN/AIN:

UTMA/UGMA (as custodian for Minors Act) (minor) under the Uniform Transfers/Gifts to

Minor's SSN/AIN: Minor's Date of Birth:

Agency Print Name of Agent: _____
Signature _____ Date: _____

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.

	Suffix*	Suffix*	Suffix*
<input type="checkbox"/> Share/Savings:	_____	<input type="checkbox"/> Appreciation Savings:	_____
<input type="checkbox"/> Share Draft/Checking:	_____	<input type="checkbox"/> Escrow Savings:	_____
<input type="checkbox"/> Term Share Certificate:	_____	<input type="checkbox"/> Holiday Savings:	_____
		<input type="checkbox"/> Special Savings:	_____
		<input type="checkbox"/> IRA:	_____
		<input type="checkbox"/> Kirby Kangaroo:	_____

*The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section. If this Card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit:
- Online Banking:
- Debit Card (w/share draft checking):
- ATM Card (share savings only):
- 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.*

X _____ Primary Member's Signature	Date	X _____ Signature	Date
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X _____ Signature	Date
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FOR CREDIT UNION USE ONLY See Account Change Card

Date Opened: _____	Opened by: _____	
Date Approved: _____	Member Officer Approval: _____	
Credit Report _____ Date ____ Initials	ChexSystem _____ Date ____ Initials	MIP Verification _____ Date ____ Initials
Scanned _____ Date ____ Initials	Folder Made _____ Date ____ Initials	Date Account Closed _____