

## **ACCOUNT CARD**

ME	MBER APPLICATION AND OWNERSHIP INFORMATION						
Primary Member (F	irst-Initial-Last):		Member No:				
Street:		SSN/AIN:					
City/State/Zip:		ID Type:	ID #:				
Home Phone:	Listed Unlisted	Date of Birth:					
Work Phone:	Cell Phone:	E-mail:					
Employer:		Password:					
Membership Eligibi	lity:	Password Hint:	:				
Family Qualifier:							
ACCOUNT OWNERSHIP							
Designate the own	ership of the accounts and responsibility for the service:	s Individual	☐ Joint Account with Rights of Survivorship ☐ Owner ☐ Member				
Joint Member/Owner (First-Initial-Last):							
Street:		SSN/AIN:					
City/State/Zip:		ID Type:	ID #:				
Home Phone:	Listed Unlisted	Date of Birth:					
Work Phone:	Cell Phone:	E-mail:					
Employer:		Password:					
Membership Eligibil	lity:	Password Hint:	:				
Family Qualifier:							
Joint Member/Owr	ner (First-Initial-Last):						
Street:		SSN/AIN:					
City/State/Zip:		ID Type:	ID #:				
Home Phone:	Listed Unlisted	Date of Birth:					
Work Phone:	Cell Phone:	E-mail:					
Employer:		Password:					
Membership Eligibil	lity:	Password Hint:					
Family Qualifier:							
ACCOUNT DESIGNATIONS							
=	oth (POD) Account	Danafiaian./F	OOD Davies				
Beneficiary/POD Payee:		Beneficiary/F	POD Payee:				
Street:		Street:					
City/State/Zip:		City/State/Zi					
Home Phone:		Home Phone	: -				
SSN/AIN:		SSN/AIN:					
	as custodian for		(minor) under the Uniform Transfers/Gifts to				
Minors Act)			6.00				
Minor's SSN/A		Minor's Date	e of Birth:				
	t Name of Agent:						
l s	nature:		Date:				
lss	N/AIN:						
ID 1	Гуре:		ID #:				
Dat	e of Birth:						
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*		fix* Suf				
Share/Savings:	Appre	ciation Savings:	Special Savings:				
Share Draft/Checking:	Escro	w Savings:	IRA:				
Term Share Certificate:	Holida	y Savings:	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 Depos	sit:						
Online Banking:							
Debit Card (w/share draft checking):							
ATM Card (share savings only):							
Other:							
TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION							
THE CERTIFICATION AND DACKOL WITHINGEDING IN ORIVIATION							
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), and (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							
Revenue Service (IRS) that I an notified me that I am no longer	n subject to backup withholding	g as a result of a failure to	report all interest or dividends, or (c) the I	RS has			
(3) I am a U.S. citizen or other U.	S. person. For federal tax purp	oses, you are considered a	a U.S. person if you are: an individual who ed or organized in the United States or unde	is a U.S.			
laws of the United States; an e	partnersnip, corporation, com state (other than a foreign esta	pany, or association create ite); or a domestic trust (as	ed or organized in the United States or under defined in Regulations section 301.7701-7	er tne ').			
laws of the United States; an estate (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.7701-7).  (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.							
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. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is							
completed, your signature does not serve to certify this section.							
Exempt payee code (if any)		Exemption f	rom FATCA reporting code (if any)				
AUTHORIZATION							
			ount Agreement, Truth-in-Savings Disclose from time to time which are incorporated he				
			ts and services requested herein. If an acce				
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.							
to avoid zaoliap illimiolanigi							
V		V		1			
Primary Member's Signature		Date Signature		Data			
Primary Member's Signature		Date Signature	=	Date			
	1						
X Sign of the		Data					
Signature Date							
FOR CREDIT UNION USE ONLY  See Account Change Card							
Opened:	Member Officer Approval:	Acct Audit					
DateInitials	DateInitials	Date	Initials				
Credit Report	ChexSystem	MIP Verification					
Date Initials	Date Initials	Date	Initials				
Scanned	Folder Made	Date Account Close	ed.				
Date Initials	Date Initials		Initials				