

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 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: <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:	

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

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 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 Minors Act

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

Agency Print Name of Agent: _____

Signature: _____ Date: _____

SSN/AIN: _____

ID Type: _____ ID #: _____

Date 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.

Form with checkboxes for account types: Share/Savings, Share Draft/Checking, Term Share Certificate, Appreciation Savings, Escrow Savings, Holiday Savings, Special Savings, IRA, Kirby Kangaroo. Includes suffix fields.

*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

Form with checkboxes for account services: Payroll Deduction/Direct Deposit, Online Banking, Debit Card, ATM Card, 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...
(2) I am not subject to backup withholding because...
(3) I am a U.S. citizen or other U.S. person...
(4) The FATCA code(s) entered on this form... 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) and Exemption from FATCA reporting code (if any) fields.

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.

Signature and Date lines for Primary Member's Signature and another signature.

FOR CREDIT UNION USE ONLY

See Account Change Card checkbox

Grid for tracking account actions: Opened, Credit Report, Scanned, Member Officer Approval, ChexSystem, Folder Made, Acct Audit, MIP Verification, Date Account Closed. Includes Date and Initials fields.