

## ACCOUNT TYPE

Share/Savings \_\_\_\_\_

Money Market \_\_\_\_\_

Share Draft/Checking \_\_\_\_\_

Other \_\_\_\_\_

Share Certificate/Certificate \_\_\_\_\_

Other \_\_\_\_\_

## 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 \_\_\_\_\_

## 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 \_\_\_\_\_  
Signature Date

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

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

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

### ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit  ATM Card \_\_\_\_\_
- Overdraft Protection (Indicate transfer priority below) \_\_\_\_\_  
Select preferred 4-digit Personal Identification No.  
(PIN): \_\_\_\_\_
- Check if interested in Lending Services \_\_\_\_\_  Other \_\_\_\_\_

### 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

### 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 \_\_\_\_\_