

**ACCOUNT TYPE**

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

**TIN CERTIFICATION 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  Exempt  I am not a United States citizen or resident (complete W-8 form)

**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 acknowledge receipt of a copy of 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 OWNERSHIP**

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

- Single Party**  **Multiple Party with Survivorship**  **Multiple Party without Survivorship**

<b>Joint Owner</b> _____ SSN/TIN _____	<b>Joint Owner</b> _____ SSN/TIN _____
Street _____ Driver's Lic. No. _____	Street _____ Driver's Lic. No. _____
City/State/Zip _____	City/State/Zip _____
Date of Birth _____ Mother's Maiden Name _____	Date of Birth _____ Mother's Maiden Name _____
Phone Home ( ) _____ Work ( ) _____	Phone Home ( ) _____ Work ( ) _____

- 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 _____

- UTT/UGMA** (as 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**

- |                                             |                                          |                                                  |                                                         |
|---------------------------------------------|------------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Date of Membership | <input type="checkbox"/> Opened/App'd by | <input type="checkbox"/> CardMember verification | <input type="checkbox"/> <b>See Account Change Card</b> |
| <input type="checkbox"/> PIN Request        | <input type="checkbox"/> Credit Report   | <input type="checkbox"/> Check Verify            | <input type="checkbox"/> Access Card                    |