



**SECURED ADVANTAGE  
FEDERAL CREDIT UNION**  
800-468-5153



**ACCOUNT CARD**

**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

<b>Member/Owner:</b>		<b>Member No:</b>
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		

**ACCOUNT OWNERSHIP**

Designate the ownership of the accounts and responsibility for the services requested.  
 Individual     Joint Account with Rights of Survivorship     Joint Account without Rights of Survivorship

<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No:
City/State/Zip:	Date of Birth:
Home Phone: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Password:
Work Phone:	E-mail:

**ACCOUNT DESIGNATIONS**

**Payable on Death (POD)/Trust Account**  
 Beneficiary/POD Payee: \_\_\_\_\_ Beneficiary/POD Payee: \_\_\_\_\_  
 Street: \_\_\_\_\_ Street: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**UTMA/UGMA** (as custodian for \_\_\_\_\_ (minor) under the Uniform Transfers/Gifts to Minors Act)  
 Minor's SSN/TIN: \_\_\_\_\_

**Agency**     **Agent only for HSA**    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*
<input type="checkbox"/> Share/Savings: _____	<input type="checkbox"/> Money Market: _____
<input type="checkbox"/> Share Draft/Checking: _____	<input type="checkbox"/> HSA: _____
<input type="checkbox"/> Share Certificate/Certificate: _____	<input type="checkbox"/> Other: _____

\*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.

