



ACCOUNT CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION		
Member/Owner:	Member No:	
Street:	SSN/TIN:	
City/State/Zip:	Driver's Lic. No:	
Home Phone: Listed Unlisted	Date of Birth:	
Work Phone:	Password:	
E-mail:	Membership Eligibility:	
Employer:		
ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the service: Individual Joint Account with Rights of Survivorship	s requested. Joint Account without Rights of Survivorship	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: Listed Unlisted	Password:	
Work Phone:	E-mail:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: Listed Unlisted	Password:	
Work Phone:	E-mail:	
Joint Owner:	SSN/TIN:	
Street:	Driver's Lic. No:	
City/State/Zip:	Date of Birth:	
Home Phone: Listed 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 Print Name of Agent:		
Signature	Date:	
Other:	See Account Authorization Card	
ACCOUN		
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*	
Share/Savings:	Money Market:	
Share Draft/Checking:	HSA:	
Share Certificate/Certificate:	Other:	
*The account number for each of the accounts listed consists of the state APPLICATION AND OWNERSHIP INFORMATION" section. If this Card ap will be listed for that account type.	uffix added to the end of the Member Number listed in the "MEMBER plies to more than one account of the same type, more than one suffix	

ACCOUNT SERVICES		
Payroll Deduction/Direct Deposit:		
Audio Response:		
Overdraft Protection (Indicate transfer priority.):		
ATM Card:	Debit Card:	
PC Access/Internet Banking:		
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 nu (2) I am not subject to backup withholding because: (a) I am exempt fron Revenue Service (IRS) that I am subject to backup withholding as a renotified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). Certification Instructions. Cross out item 2 above if you have been notified because you have failed to report all interest and dividends on your tax retiperson. 	n backup withholding, or (b) I have not been notified by the Internal sult of a failure to report all interest or dividends, or (c) the IRS has ed by the IRS that you are currently subject to backup withholding	
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. I/We acknowledge receipt of a copy of the agreements 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 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.		
X	X	
Signature Date	Signature Date	
X	X	
Signature Date	Signature Date	
FOR CREDIT UNION USE ONLY See Account Change Card See Insurance Beneficiary Card		
Date of Membership: Opened/App'd by:	Member Verification:	
☐ Credit Report ☐ Check Verify	PIN Request	
Access Card Audio Response	PC Access/Internet Banking	

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D11002 (LASER)