



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 below 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"/> Living Trust	_____
<input type="checkbox"/> Share Certificate	_____	<input type="checkbox"/> Other	_____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND INFORMATION

Member/Owner _____	Member No. <input style="width: 150px; height: 20px;" type="text"/>
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code _____
Work Phone () _____	Employment _____
E-mail _____	
Eligibility for Membership _____	
Position/Title: _____ Years _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Hrs. _____
Income: <input type="checkbox"/> Gross Monthly Income \$ _____ (or) <input type="checkbox"/> Net Monthly Income \$ _____	
Home: <input type="checkbox"/> Own <input type="checkbox"/> Rent How long? _____ Years Monthly Payment \$ _____	

ACCOUNT OWNERSHIP

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

Individual **Joint Account with Survivorship** **Joint Account without Survivorship**

Joint Owner _____	
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code _____
Work Phone () _____	Employment _____
E-mail _____	
Joint Owner _____	
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code _____
Work Phone () _____	Employment _____
E-mail _____	

ACCOUNT DESIGNATIONS

Payable on Death (POD)/ Trust Account All accounts Designate specific account(s) _____

Beneficiary/POD Payee _____ **Beneficiary/POD Payee** _____

Street _____ **Street** _____

City/State/Zip _____ **City/State/Zip** _____

Agency **Print Name of Agent** _____

Signature _____ **(date)** _____

All Accounts Designate specific account(s) _____

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

Other _____ See Account Authorization Card

ACCOUNT TYPE

Payroll Deduction/Direct Deposit _____

Overdraft Protection (Indicate transfer priority below) _____

PC Access/Internet Banking _____

ATM Card _____

Debit Card _____

Audio Response _____

Other _____

Loan Account Request: Individual Joint

Loan Account: Credit Card Line of Credit Overdraft Protection

Credit Insurance Statement of Intent:
 Single Credit Disability Joint Credit Life Single Credit Life

(For insurance coverage, you must sign a separate cost disclosure and election for this voluntary insurance.)

CO-APPLICANT LOAN INFORMATION

(Complete "Co-Applicant" section: (1) with Co-Applicant information for joint credit, or (2) with spousal information if: your spouse will use or be liable for the account; you will rely on your spouse's income to pay the debt; or if Member resides in a community property state. AK, AZ, CA, ID, LA, NM, NV, TX, WA, WI).

Member/Owner _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____

Listed Unlisted Security Code _____

Work Phone () _____ Employment _____

E-mail _____

Eligibility for Membership _____

Position/Title: _____ Years _____ Full Time Part Time Hrs. _____

Income: Gross Monthly Income \$ _____ (or) Net Monthly Income \$ _____

Home: Own Rent How long? _____ Years Monthly Payment \$ _____

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: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified 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 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

SIGNATURES

By signing below, you certify that the information on this Member Service Card (front and back) is complete, true, and submitted for the purpose of obtaining the accounts and services requested. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Member Service Card for the purpose of extending credit or services to you or reviewing or collecting a credit account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the credit union will tell you the name and address of any credit reporting agency from which it received a credit report on you. By signing below, you agree to the terms of the following Agreements applicable to the Accounts and Services requested.

- **Membership and Account Agreement.** You acknowledge receipt of and 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.
- **Overdraft Loan Agreement.** If an Overdraft Loan Account is requested and provided, you acknowledge receipt of and agree to the terms of the Overdraft Loan Agreement and Truth in Lending Disclosure.
- **Credit Card Agreement.** If a Credit Card Account is requested and provided to you, you acknowledge receipt of and agree to the terms of the Credit Card Agreement which governs your Credit Card account. **You grant us a security interest in all of your Credit Union Shares in Acct. No. _____ to secure your Card obligation.**
- **Electronic Funds Transfer Agreement.** If an access card or Electronic Funds Transfer (EFT) Service is requested and provided, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

The Internal Revenue Service does not require your consent to any provision of this Member Service Card 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

Loan App'd By _____ \$ Amount App'd _____

Date of Membership _____ Opened /App'd by _____ Member Verification _____

Credit Report Check Verify PIN Request

Access Card Audio Response PC Access/Internet Banking