

# ACCOUNT CARD

## ACCOUNT TYPE

- |  |   |
|--|---|
| <input type="checkbox"/> Share/Savings _____                 | <input type="checkbox"/> Money Market _____ |
| <input type="checkbox"/> Share Draft/Checking _____          | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Share Certificate/Certificate _____ | <input type="checkbox"/> 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.*

- |   |  |
|---|--|
| <input type="checkbox"/> I am subject to backup withholding | <input type="checkbox"/> I am not a United States citizen or resident<br>(complete W-8 form) |
| <input type="checkbox"/> Exempt                             |  |

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member _____	<input type="text" value="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 _____	

**ACCOUNT SERVICES**

- Payroll Deduction/Direct Deposit \_\_\_\_\_
- Overdraft Protection (Indicate transfer priority below) \_\_\_\_\_
- Other \_\_\_\_\_
- ATM Card \_\_\_\_\_
- Debit Card \_\_\_\_\_
- Other EFT Service \_\_\_\_\_
- 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 \_\_\_\_\_
- UTMA/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**

**See Account Change Card**

Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

PIN Request \_\_\_\_\_ Credit Report \_\_\_\_\_ Check Verify \_\_\_\_\_ Access Card \_\_\_\_\_