



New Account/Membership Application

Membership Number

Eligibility for Membership _____

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 *
- Share/Savings _____
- Share Draft /Checking _____
- Share Certificate _____

- Suffix *
- Money Market _____
- Other _____
- Other _____

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

ACCOUNT SERVICES

- | | |
|--|---|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | <input type="checkbox"/> ATM Card _____ |
| <input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) | <input type="checkbox"/> Debit Card _____ |
| <input type="checkbox"/> CU Online/Internet Banking | <input type="checkbox"/> Audio Response _____ |
| | <input type="checkbox"/> Other _____ |

MEMBERSHIP APPLICATION AND ACCOUNT OWNERSHIP INFORMATION

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

- Individual Joint Account with Survivorship Joint Account without Survivorship

Name _____

Street Address _____

City/State/Zip _____

Home Phone _____
 Listed Unlisted

Work Phone _____

Employment _____

SSN/TIN _____

Driver's Lic. No. _____

Date of Birth _____

Password _____

Mother's Maiden Name _____

E-mail _____

Name (Joint Application) _____

Street Address _____

City/State/Zip _____

Home Phone _____
 Listed Unlisted

Work Phone _____

Employment _____

SSN/TIN _____

Driver's Lic. No. _____

Date of Birth _____

Password _____

Mother's Maiden Name _____

E-mail _____



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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, (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.

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 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.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

ACCOUNT DESIGNATIONS

Payable on Death (POD)/Trust Account

Beneficiary/POD Payee _____ Beneficiary/POD payee _____

Street Address _____ Street Address _____

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

Agency Print name of Agent _____

Signature _____

UTTMA/UGMA (as custodian for _____ (Minor) under the

Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

Other _____ See Account Authorization Card

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

CU Online/Internet Banking