

ACCOUNT 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 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 OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
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 _____	

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.

AUTHORIZATION

By signing below, I/we 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. 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.**

X _____	X _____
Signature	Signature
Date	Date
X _____	X _____
Signature	Signature
Date	Date

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"/> Audio Response _____
<input type="checkbox"/> PC Access/Internet Banking _____	<input type="checkbox"/> Other _____

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

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

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) _____
- 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 _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Credit Report | <input type="checkbox"/> Check Verify | <input type="checkbox"/> PIN Request |
| <input type="checkbox"/> Access Card | <input type="checkbox"/> Audio Response | <input type="checkbox"/> PC Access/Internet Banking |