



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 unless the Credit Union is notified in writing of a change.

Share/Savings, Share Draft/Checking, Share Certificate/Certificate, Money Market, HSA, Other. Includes suffix lines.

The account number for each of the accounts listed consists of the suffix added to the end of the Member Number listed in the "MEMBER APPLICATION AND OWNERSHIP INFORMATION" section.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member No: []

Member/Owner, Street, City/State/Zip, Home Phone, Work Phone, Membership Eligibility, SSN/TIN, Driver's Lic. No., Date of Birth, Password, Employer, E-mail.

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... (3) I am a U.S. citizen or other U.S. person... (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

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.

Signature and Date lines for two individuals, each with an 'X' mark.



ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit: _____ ATM Card: _____
- Overdraft Protection (Indicate transfer priority.): _____ Debit Card: _____
- _____ Audio Response: _____
- PC Access/Internet Banking: _____ Other: _____

ACCOUNT OWNERSHIP

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

- Individual
- Joint Account with Rights of Survivorship
- Joint Account without Rights of Survivorship

Joint Owner: _____

Street: _____ SSN/TIN: _____

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

Home Phone: _____ Date of Birth: _____

Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

Joint Owner: _____

Street: _____ SSN/TIN: _____

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

Home Phone: _____ Date of Birth: _____

Listed Unlisted Password: _____

Work Phone: _____ E-mail: _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account
 - All Accounts Designate Specific Accounts: _____
- 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 Print Name of Agent: _____
- Signature: _____ Date: _____
- All Accounts Designate Specific Accounts: _____
- Other: _____ See Account Authorization Card

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- 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