

# MEMBERSHIP APPLICATION

## 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"/> 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 _____	
City/State/Zip _____	SSN/TIN _____
Home Phone ( _____ ) _____	Driver's Lic. No. _____
Home E-mail _____	Date of Birth _____
Work Phone ( _____ ) _____	Password _____
Work E-mail _____	Employment _____
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 services 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.**

<b>X</b> _____	DATE	<b>X</b> _____	DATE
SIGNATURE		SIGNATURE	
<b>X</b> _____	DATE	<b>X</b> _____	DATE
SIGNATURE		SIGNATURE	

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

