

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 of a change in writing.

- Share Savings Club (Christmas, Vacation, Summer)
 Share Draft Checking Share Certificate
 E-Statements

MEMBERSHIP APPLICATION

Name: _____ Account Number _____

Address: _____ SS/TIN# _____

City: _____ DOB: ____/____/____

State: _____ Zip: _____ Employer: _____

Phone: (____) _____ - _____ Eligibility: _____

Work: (____) _____ - _____ Driver's License # _____

Cell: (____) _____ - _____

E-mail _____

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer identification number
- I am not subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (Including a U.S. Resident alien)

AUTHORIZATION

By signing below I/we agree to the terms and conditions of this membership agreement, Truth In savings disclosure, Funds Availability Policy and any amendment the Credit Union makes 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 and acknowledge receipt of the EFT Agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

ACCOUNT OWNERSHIP

Designate the type of ownership of the accounts.

- Individual Joint Account w/ survivorship Joint w/o survivorship

JOINT OWNER

Name: _____ SS/TIN# _____

Address: _____

City: _____ DOB: ____/____/____

State: _____ Zip: _____ Employer: _____

Phone: (____) _____ - _____ Eligibility: _____

Work: (____) _____ - _____ Driver's License # _____

Cell: (____) _____ - _____

JOINT OWNER

Name: _____ SS/TIN# _____

Address: _____ DOB: ____/____/____

City: _____ Employer: _____

State: _____ Zip: _____ Eligibility: _____

Phone: (____) _____ - _____ Driver's License # _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

ACCOUNT DESIGNATIONS

- Payable on Death POD / Trust Account

Beneficiary/ POD Payee _____
 Address: _____

Beneficiary/ POD Payee _____
 Address: _____

Beneficiary/ POD Payee _____
 Address: _____

- Custodian Account

Custodian for _____
 Address: _____

Credit Union Use Only

Date of membership _____ Opened By _____ Verification _____

Approved by Board

Membership Committee Signature: _____ Date: _____