

ACCOUNT TYPE

Share/Savings _____
 Share Draft/Checking _____
 Share Certificate/Certificate _____

Money Market _____
 Other _____
 Other _____

TIN CERTIFICATE AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding
 Exempt

I am not a United States Citizen or resident
(complete W-8 form)

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member _____

Account No.

Street _____

SSN/TIN _____

City/State/Zip _____

Driver's Lic. No. _____

Phone Home () _____

Date of Birth _____

Phone Work () _____

Mother's Maiden Name _____

Employment _____

Eligibility for Membership _____

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 have received and read 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 _____
Signature Date

X _____
Signature Date

X _____
Signature Date

X _____
Signature Date

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit ATM Card _____
- Overdraft Protection (Indicate transfer priority below) _____
Select preferred 4-digit Personal Identification No. (PIN): _____
- Check if interested in Lending Services _____ Other _____

ACCOUNT OWNERSHIP

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

- Single Party Multiple party with Survivorship Multiple Party without Survivorship

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No. _____

City/State/Zip _____ Date of Birth _____

Phone Home () _____ Work () _____ Mother's Maiden Name _____

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No. _____

City/State/Zip _____ Date of Birth _____

Phone Home () _____ Work () _____ Mother's Maiden Name _____

- Other _____ See Account Authorization Card

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account All Accounts Designate specific account(s) _____

Beneficiary _____ Beneficiary _____

Street _____ Street _____

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

- UTTMA/UGMA (as a custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

Agency Name of agent _____

- All Accounts Designate specific account(s) _____

FOR CREDIT UNION USE ONLY:

Date of Membership _____ Opened/App'd by _____ Member Verification _____

PIN Request _____ Credit Report _____ Check Verify _____ Access Card _____