

MEMBERSHIP SIGNATURE CARD

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____ Account # _____

Street _____ SSN#/Tin _____

City/State/Zip _____ Driver's License# _____

Home Phone() _____ Mother's Maiden Name _____

Work Phone() _____ Date of Birth _____

Eligibility _____ Employment _____

ACCOUNT OWNERSHIP

Individual **Joint Ownership w/Survivorship** **Joint Ownership/without Survivorship**

Joint Owner _____ SSN/TIN _____

Street _____ Driver's Lic. No. _____

City/State/Zip _____ Date of Birth _____

HomeE-Mail _____ Home Phone () _____

Mother's Maiden Name _____ Work Phone () _____

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 _____

AGENCY- Print Name of Agent _____

Signature _____ **Date** _____

All Accounts or Designate specific account(s) _____

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

OTHER _____ **See Account Authorization Card** _____

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 **Date** **Signature** **Date**

x _____ x _____

Signature **Date** **Signature** **Date**

TIN CERTIFICATION 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 I am not a US citizen or resident Tax Exempt
(Complete W-8 or W-8 BEN form)