



MEMBER APPLICATION AND OWNERSHIP INFORMATION		MEMBER #:
Member's Full Legal Name:		Preferred Name:
Designate the ownership of the accounts and responsibility for the services requested: <input type="checkbox"/> Individual <input type="checkbox"/> Joint with Right of Survivorship <input type="checkbox"/> Membership Update:		
Physical Address:		SSN/TIN:
City/St/Zip:		Driver's License #: ST:
Mailing Address/City/St/Zip:		Date of Birth:
Mother's Maiden Name:	Home Phone:	Birthplace:
Email:		Password (optional):
Employer Name:		Membership Eligibility:
Address:	Work Phone:	Occupation:
JOINT ACCOUNT OWNERSHIP INFORMATION		
Joint Owner 1:		
Street:		SSN/TIN:
City/St/Zip:	Relationship:	Driver's License #: ST:
Home Phone:	Date of Birth:	Birthplace:
Employer Name:		Work Phone
Address:		Occupation:
Joint Owner 2:		SSN/TIN:
Street:		SSN/TIN:
City/St/Zip:	Relationship:	Driver's License #: ST:
Home Phone:	Date of Birth:	Birthplace:
Employer Name:		Work Phone
Address:		Occupation:
ACCOUNT DESIGNATIONS		
Payable on Death (POD) Beneficiary		
POD Payee (1):		Relationship:
Address:		SSN/TIN: Date of Birth:
City/St/Zip:		Phone #:
POD Payee (2)		Relationship:
Address:		SSN/TIN: Date of Birth:
City/St/Zip:		Phone #:
UTTMA/UGMA [as Custodian for (minor) under Uniform Transfers/Gifts to Minors Act]		
Minor's Name:		Minor's SSN/TIN:
Trust Accounts		
<input type="checkbox"/> Revocable		<input type="checkbox"/> Irrevocable
Name of Trust:		
Name of Trustee:		SSN/TIN: Date of Birth:

ACCOUNT TYPES	MEMBER #:
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All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all the accounts unless the credit union is notified in writing of a change.

<input type="checkbox"/> Savings:	<input type="checkbox"/> Checking:	<input type="checkbox"/> Money Market:
<input type="checkbox"/> Club:	<input type="checkbox"/> IRA:	<input type="checkbox"/> Other:

The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit (See your PR Dept.):
<input type="checkbox"/> Power Line Connection
<input type="checkbox"/> ATM/Debit Card:
<input type="checkbox"/> CU-e Branch (Homebanking):
<input type="checkbox"/> Other:

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 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 Disclosure, Regulation E Disclosure, 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 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.

Signature (Primary)	Date
Signature (Joint)	Date
Signature (Joint)	Date
Signature (Employee/Notary)	Date

FOR CREDIT UNION USE ONLY				
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Date of Membership:	Opened/App'd By:	Member Verification:	Audited By:	
<input type="checkbox"/> Credit Report	<input type="checkbox"/> Checks Ordered	<input type="checkbox"/> POD Added	<input type="checkbox"/> Acct ID Card	
<input type="checkbox"/> Member Disclosures	<input type="checkbox"/> OFAC	<input type="checkbox"/> Power Line Connection	<input type="checkbox"/> ATM/Debit	<input type="checkbox"/> Audited