

# Membership Application

## 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\*

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- ☐ Share/ Savings \_\_\_\_\_ ☐ Money Market \_\_\_\_\_
- ☐ Share Draft/Checking \_\_\_\_\_ ☐ Living Trust \_\_\_\_\_
- ☐ Share Certificates \_\_\_\_\_ ☐ 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 \_\_\_\_\_

SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

☐ Listed ☐ Unlisted

Employment \_\_\_\_\_

Work Phone (      ) \_\_\_\_\_

Water Front # \_\_\_\_\_  
(if applicable)

E-mail \_\_\_\_\_

Eligibility for Membership \_\_\_\_\_

## ACCOUNT OWNERSHIP

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

☐ Joint Account with Survivorship

☐ Joint Account without Survivorship

Joint Owner \_\_\_\_\_

SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

☐ Listed ☐ Unlisted

Email \_\_\_\_\_

Work Phone (      ) \_\_\_\_\_

Joint Owner \_\_\_\_\_

SSN/TIN \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

☐ Listed ☐ Unlisted

Work Phone (      ) \_\_\_\_\_

## ACCOUNT SERVICES

- ☐ Payroll Deduction/Direct Deposit \_\_\_\_\_ ☐ ATM Card \_\_\_\_\_
- ☐ VISA Credit \_\_\_\_\_ ☐ Audio Response \_\_\_\_\_
- ☐ PC Access/Internet Banking \_\_\_\_\_ ☐ Other \_\_\_\_\_

## ACCOUNT DESIGNATIONS

- ☐ Payable on Death (POD)/Trust Account ☐ All accounts ☐ Designate specific account(s) \_\_\_\_\_
- Beneficiary/POD Payee \_\_\_\_\_ Beneficiary/POD Payee \_\_\_\_\_
- Street \_\_\_\_\_ Street \_\_\_\_\_
- City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_
- ☐ All accounts ☐ Designate specific account(s) \_\_\_\_\_
- ☐ UTTMA/UGMA (as custodian for \_\_\_\_\_ (minor) under the  
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN \_\_\_\_\_
- ☐ Other \_\_\_\_\_ ☐ See Account Authorization Card

### FOR CREDIT UNION USE ONLY

☐ See Account Change Card

☐ See Insurance Beneficiary Card

Date of Membership \_\_\_\_\_ Opened/App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_

☐ Credit Report ☐ ATM Card/PIN ☐ Audio Response ☐ PC Access/Internet Banking

## SSN/TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalty 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 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 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 Disclosure 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 \_\_\_\_\_