

ACCOUNT TYPE

- | | |
|--|---|
| <input type="checkbox"/> Share/Savings _____ | <input type="checkbox"/> Money Market _____ |
| <input type="checkbox"/> Share Draft/Checking _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Share Certificate/Certificate _____ | <input type="checkbox"/> 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.

- | | |
|---|--|
| <input type="checkbox"/> I am subject to backup withholding | <input type="checkbox"/> I am not a United States Citizen or resident
(complete W-8 form) |
| <input type="checkbox"/> Exempt | |

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member _____	Account No. <input type="text"/>
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 _____

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- 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 _____