

# MEMBERSHIP APPLICATION

## MEMBER INFORMATION

|                          |                   |
|--------------------------|-------------------|
| <b>Member/Owner Name</b> | <b>Member No.</b> |
| Street                   |                   |
| City/State/Zip           | SSN/TIN           |
| Home Phone<br>(     )    | Driver's Lic. No. |
| Work Phone<br>(     )    | Date of Birth     |
| E-mail                   | Password          |
| Membership Eligibility   | Employer          |

## TYPE OF ACCOUNT

Please refer to your membership agreement for terms of the accounts selected below.

|  |  |
|--|--|
| <input type="checkbox"/> Savings:                | <input type="checkbox"/> Money Market: |
| <input type="checkbox"/> Checking:               | <input type="checkbox"/> Living Trust: |
| <input type="checkbox"/> Certificate of Deposit: | <input type="checkbox"/> Other:        |

## SERVICES FOR ACCOUNT

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Payroll Deduction/Direct Deposit:                  | <input type="checkbox"/> ATM Card:   |
| <input type="checkbox"/> Overdraft Protection (indicate transfer priority): | <input type="checkbox"/> Debit Card: |
| <input type="checkbox"/> Online Banking:                                    | <input type="checkbox"/> Other:      |
| <input type="checkbox"/> Audio Response:                                    |                                      |

## ACCOUNT OWNERSHIP

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

|                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint Account with Survivorship | <input type="checkbox"/> Joint Account without Survivorship |
|-------------------------------------|--|---|

## JOINT OWNER INFORMATION

|                       |                   |
|-----------------------|-------------------|
| <b>Joint Owner</b>    | SSN/TIN           |
| Street                | Driver's Lic. No. |
| City/State/Zip        | Date of Birth     |
| Home Phone<br>(     ) | Password          |
| Work Phone<br>(     ) | E-mail            |
| <b>Joint Owner</b>    | SSN/TIN           |
| Street                | Driver's Lic. No. |
| City/State/Zip        | Date of Birth     |
| Home Phone<br>(     ) | Password          |
| Work Phone<br>(     ) | E-mail            |

| <input type="checkbox"/> <b>PAY ON DEATH (POD) ACCOUNT</b> |     |   |     |
|--|-----|---|-----|
| <input type="checkbox"/> All Accounts                      | SSN | <input type="checkbox"/> Designate specific account(s): | SSN |
| Beneficiary  |     | Beneficiary   |     |
| Street   |     | Street  |     |
| City/State/ZIP   |     | City/State/ZIP  |     |

| <input type="checkbox"/> <b>UNIFORM TRUST/GIFT TO MINORS ACCOUNT</b>               |             |
|--|-------------|
| As custodian for (minor name)<br>(under the Uniform Transfers/Gifts to Minors Act) | Minor's SSN |

| <b>CERTIFICATION</b>  |
|---|
| <p>By signing below and under penalties of perjury, I certify that:</p> <p>(1) The number shown on this form is my correct taxpayer identification number,</p> <p>(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</p> <p>(3) I am a U.S. person (including a U.S. resident alien).</p> <p><b>Cross out wording in item (2) if you are subject to backup withholding.</b></p> |

| <b>USA PATRIOT ACT</b>   |
|--|
| <p>In accordance with the USA PATRIOT ACT, Federal law requires all financial institutions to obtain, verify, and record information that identifies each individual or entity opening an account. This includes all personal and commercial accounts including loan and deposit accounts, as well as trust, brokerage, insurance, and investment management accounts.</p> <p><b>What This Means To Our Members</b></p> <p>When you open an account, you will be asked for your name, address, social security or tax identification number, date of birth (if applicable) and other information that will allow _____ Credit Union to identify you. You will also be asked to furnish your drivers license or other identifying documents. We are required to follow this procedure each time an account is opened, even if you are a current member of _____ Credit Union.</p> |

| <b>AUTHORIZATION</b>   |       |           |       |
|--|-------|-----------|-------|
| <p>By signing below, you agree to conform to the by-laws or any amendments of the Credit Union. You further agree that your accounts will be governed by the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, if applicable. You acknowledge that you have received a copy of the Agreement and Disclosures applicable to the accounts and services you have requested. If you received an ATM/Debit card or EFT service, you agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act. The Credit Union may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report</p> |       |           |       |
| X  | _____ | X         | _____ |
| Signature  | Date  | Signature | Date  |
| X  | _____ | X         | _____ |
| Signature  | Date  | Signature | Date  |

| <b>FOR CREDIT UNION USE ONLY</b> |                            |                                      |
|----------------------------------|----------------------------|--------------------------------------|
| Date of Membership               | CU Membership Approved By: | Member ID Verified by:               |
|                                  |                            | <input type="checkbox"/> OFAC        |
|                                  |                            | <input type="checkbox"/> ChexSystems |