

OFAC _____
CS _____
EMP ID _____

Account Number

MD _____
MIF _____

All terms, conditions, form of account ownership, account selection and other information indicated on this card apply to your associated share and share draft accounts.

____ Savings Type Code _____ ID Safe Protect _____ Online BillPay
____ Checking Type Code _____ VISA Check Card _____ E-Statements
____ Money Mkt Type Code _____ Home Banking _____ Mobile App
____ POS ODP Opt OUT _____ Email Alerts _____ Text Alerts

____ Overdraft Protection from _____, _____, _____, _____, _____

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____
Physical Address _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Date of Birth _____ SSN/TIN _____
Driver Lic. No _____ Work Phone _____
Home Email _____
Employer _____
Work Email _____
Employer's Address _____
Security Code (to verify your identity when you call us for account info) _____
Emergency Contact & Phone Number _____

Emergency Contact & Phone Number _____

JOINT ACCOUNT WITH SURVIVORSHIP

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

Joint Owner _____
Physical Address _____
Mailing Address _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Date of Birth _____ SSN/TIN _____
Driver Lic. No _____ Work Phone _____
Email _____
Employer _____
Work Email _____
Employer's Address _____
Security Code (to verify your identity when you call us for account info) _____

Joint Owner _____

Physical Address _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ SSN/TIN _____

Driver Lic. No _____ Work Phone _____

Email _____

Employer _____

Work Email _____

Employer's Address _____

Security Code (to verify your identity when you call us for account info) _____

PAYABLE ON DEATH BENEFICIARY

(Other than joint member(s))

Beneficiary _____

Street _____

City/State _____ Phone # _____

Beneficiary _____

Street _____

City/State _____ Phone _____

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 that me that I am no longer subject to backup withholding,
 - (3) I am a U.S. person (including 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 a W-8 BEN if you are not a U.S. person.

By signing below, I/we certify that the information on this card is complete, and I/we agree to the terms and conditions of the Share Account Agreement, Account Information and Disclosures, Truth-in-Savings Disclosure, and to any amendment the Credit Union makes from time to time or which is/are incorporated therein. I/we acknowledge receipt of a copy of or access to any/all related Agreements and Disclosures, which may include electronic copies or access if available.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

X _____	X _____
Signature	Signature
Date	Date

X _____	X _____
Signature	Signature
Date	Date

TERMINATION

Joint owner(s) other than member may terminate his/her ownership by signing below.

_____	_____
Terminated Joint Owner Signature	Terminated Joint Owner Signature
Date	Date