



ACCOUNT CARD

New Change

Date account opened: _____

Date account changed: _____

MEMBER APPLICATION AND INFORMATION

Member	Account No.
Street Address	SSN/TIN
City, State, Zip	Drivers Lic. No.
Mothers Maiden Name	Date of Birth
Employment	Home Phone
Eligibility for Membership	Work Phone

ACCOUNTS

Share _____

Checking _____

Certificate of Deposit _____

Holiday _____

Vacation _____

MMA _____

IRA _____

Other _____

Other _____

SERVICES

Debit Card _____

MARC _____

Home Banking _____

E-Member _____

Payroll/Direct Deposit _____

Other _____

Overdraft Protection

From Reg. Shares

From Reg. Shares then LOC

From LOC then Reg. Shares

ACCOUNT OWNERSHIP

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

Single Party

Multiple Party with Survivorship

SUBSEQUENT ACTIONS (Change)

I/We authorize the Credit Union to make and accept the following changes to my/our accounts:

TYPE OF CHANGE (Please indicate the type of change.)

Add Account/Service. Add the account/service designated for account owner(s) named.

Add Account Joint Owner. Add the designated account joint owner on the account(s) designated.

Remove Account Joint Owner. Remove the following account owner of the account(s) designated.

Removed Name _____

Change Name From: _____

New Name: _____ ID Used: _____

Other _____

ACCOUNT OWNERS

Account Joint Owner	SSN/TIN	Date of Birth	Phone
Beneficiary/	SSN/TIN	Date of Birth	Phone
Beneficiary/	SSN/TIN	Date of Birth	Phone

TIN CERTIFICATION 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, or because 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.

I am subject to backup withholding Exempt I am not a United States citizen or resident alien (complete W-8 form)

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 Available 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 ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

SECURITY INTEREST: You agree that all advances under this Plan will be secured by the shares and deposits in all joint and individual accounts you have with the Credit Union now and in the future.

STATUTORY LIEN: If you are in default on a financial obligation to us, federal law gives us the right to apply the balance of shares and dividends in your account(s) at the time of default to satisfy that obligation. Once you are in default, we may exercise this right without further notice to you.

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

We understand a change in joint ownership requires consent of all account owners, and we will hold Credit Union harmless for actions regarding account access. The removed account owner relinquishes ownership interest including any membership share in the account(s). This relinquishment does not affect my/our obligation on any loan account(s).

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

Notary _____

FOR CREDIT UNION USE ONLY

Date of Membership: _____ MSR Initials: _____ This Application approved by the member officer: _____