

# ACCOUNT CARD

## ACCOUNT TYPE

- Share/Savings \_\_\_\_\_  Money Market \_\_\_\_\_  
 Share Draft/Checking \_\_\_\_\_  Other \_\_\_\_\_  
 Share Certificate/Certificate \_\_\_\_\_  Other \_\_\_\_\_

## 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 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.

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

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

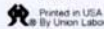
Member \_\_\_\_\_ Account No. \_\_\_\_\_  
 Street \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
 Phone Home ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Phone Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Eligibility for Membership \_\_\_\_\_

## 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 acknowledge receipt of a copy of 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 \_\_\_\_\_ X \_\_\_\_\_  
 Signature Date Signature Date  
 X \_\_\_\_\_ X \_\_\_\_\_  
 Signature Date Signature Date

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## ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit  ATM Card \_\_\_\_\_  
 Overdraft Protection (Indicate transfer priority below)  Debit Card \_\_\_\_\_  
 Other \_\_\_\_\_  Other EFT Service \_\_\_\_\_  
 Other \_\_\_\_\_  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 \_\_\_\_\_  
**Joint Owner** \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Street \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Phone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 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 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

See Account Change Card

Date of Membership \_\_\_\_\_ Opened /App'd by \_\_\_\_\_ Member Verification \_\_\_\_\_  
 PIN Request \_\_\_\_\_ Credit Report \_\_\_\_\_ Check Verify \_\_\_\_\_ Access Card \_\_\_\_\_