



# Membership Account Agreement

ACCOUNT NUMBER	New Member Existing Member Reason for Change: _____	Ownership Type: Single-Party Account Single-Party Account With Pay-on-Death Designation Multiple-Party Account With Right of Survivorship Multiple-Party With Right of Survivorship & POD Designation Other account type requiring special handling. Reason for special handling: _____
NAME & MAILING ADDRESS OF ACCOUNT		

MEMBER INFORMATION		JOINT OWNER INFORMATION		JOINT OWNER INFORMATION	
NAME:					
ADDRESS: (If Not The Same as Above)					
CITY ST ZIP (If Not The Same as Above)					
TIN/SOCIAL SECURITY #:					
DATE OF BIRTH:					
DRIVER LICENSE #:					
HOME PHONE #:					
WORK PHONE #:					
CELL PHONE #:					
MEMBER E-MAIL ADDRESS:					
MOTHERS MAIDEN NAME:					
EMPLOYER:					
SEG/ELIGIBILITY CODE:					

DESIGNATION OF PAY-ON-DEATH BENEFICIARY(IES) (Single Party And Multiple Party Accounts Only)		
NAME:	RELATIONSHIP(REQUIRED):	TIN/SOCIAL SECURITY # (REQUIRED):
1)		
2)		
3)		

By signing below, I (we) agree to the Credit Union bylaws and the terms and conditions of any approved account, as amended from time to time and authorize the Credit Union to verify credit and employment history. The below signature(s) certify that information provided on this application is true and correct and that the terms of the application apply to all accounts offered by the Credit Union. This agreement covers all subsequent accounts requested by you in person, by phone, via letter or electronic means.

Please contact the Credit Union to establish a certificate account. For certificate accounts, refer to additional terms and agreement as set forth in the Certificate Disclosure.

Please transfer any available funds in my savings or money market account to my checking account to cover any withdrawal or negotiable instrument. Receipt is acknowledged for the following disclosures:

- Schedule of Fees & Important Account Information for Our Members which includes your account terms and conditions.
- Business & Organizational Account Addendum (For Business and Organizational Accounts Only)

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION. AND BACKUP WITHHOLDING**  
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 and dividends, or, (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S Person (including a U.S. resident alien).  
Instructions - Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you 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.  
**The IRS not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

SIGNATURES	
1) Member Signature X	Date:
2) Joint Signature X	Date:
2) Joint Signature X	Date:

Branch #	CU Employee:	Approved/Audited:	Date:
OFAC/ID Check:	Completed By:	Verified By:	Date: