



**MEMBER APPLICATION AND OWNERSHIP INFORMATION**

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

Individual     Joint Account with Survivorship     Joint Account without Survivorship

Full Name \_\_\_\_\_  
 Street \_\_\_\_\_ SSN \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Listed  Unlisted    Date of Birth \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employer: \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 Membership Eligibility \_\_\_\_\_ Account Type: Share Savings 0

**JOINT OWNER INFORMATION**

Full Name \_\_\_\_\_  
 Street \_\_\_\_\_ SSN \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Listed  Unlisted    Date of Birth \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employer: \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Employer's Address \_\_\_\_\_  
 Membership Eligibility \_\_\_\_\_ Account Type: Share Savings 0

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts unless the credit union is notified in writing of the change.

**TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalty 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 back up 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 3. I am a U.S. Person (including a 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. Citizen.

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings disclosure, Funds Availability Disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/W 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. If you knowingly make any false material statements on this Account Card, you may be guilty of perjury. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_