

ACCOUNT TYPE

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

| | | | |
|--|--|--|---|
| Suffix* | | Suffix* | |
| <input type="checkbox"/> Share/Savings _____ | <input type="checkbox"/> Share Draft/Checking Easy _____ | <input type="checkbox"/> Share Certificate _____ | <input type="checkbox"/> Share Draft/Checking Smart _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Share Draft/Checking Plus _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Money Market _____ |

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

| | |
|---|-------------------------|
| Member/Owner _____ | Member No. _____ |
| Street _____ | SSN/TIN _____ |
| City/State/Zip _____ | Driver's Lic. No. _____ |
| Home Phone () _____ | Date of Birth _____ |
| <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted | Password _____ |
| Work Phone () _____ | Employment _____ |
| Cell () _____ | Email _____ |
| Eligibility of Membership _____ | |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

- (1) The number 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 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. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, 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 provisions of this document other than the certifications required to avoid backup withholding.** Upon request, we will give you the name and address of each agency from which we obtain a credit report regarding your account. We agree not to disclose account information to third parties except when: (1) it is necessary to complete a transaction, (2) the third party seeks to verify the existence or condition of your account in accordance with applicable law; (3) such disclosure complies with the law or a government agency or court order; or (4) you give us written permission.

| | |
|-------------------------------------|-------------------------------------|
| X _____ | X _____ |
| Signature Date | Signature Date |
| X _____ | X _____ |
| Signature Date | Signature Date |

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit _____ ATM Card _____
- Overdraft Protection (Indicate transfer priority below) _____ Debit Card _____
- _____ Phone Banking _____
- Internet Banking _____ Bill Pay _____
- _____ Other _____

ACCOUNT OWNERSHIP

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

- Individual** **Joint Account with Survivorship** **Joint Account without Survivorship**

Joint Owner _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____

Listed Unlisted Password _____

Work Phone () _____ Email _____

Joint Owner _____

Street _____ SSN/TIN _____

City/State/Zip _____ Driver's Lic. No. _____

Home Phone () _____ Date of Birth _____

Listed Unlisted Password _____

Work Phone () _____ Email _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account**

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____

Street _____ Street _____

City/State/Zip _____ City/State/Zip _____

DOB _____ DOB _____

SSN _____ SSN _____

Signature _____ (date) _____

- UTTMA/UGMA** (as custodian for _____ (minor) under the
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____

- Other** _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY

- See Account Change Card See Insurance Beneficiary Card

Date of Membership _____ Opened / App'd by _____ Member Verification _____

- Credit Report Check Verify PIN Request CHEX System
- ATM/Debit Card Phone Banking Internet Banking PENLEY