

## 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

BRIDGER