

ACCOUNT CARD

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.

ACCOUNT OWNERSHIP

Share/Savings	Money Market
Share Draft/Checking D Share	Living Trust
Certificate	Other

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	Security Code _____
Work Phone () _____	Employment _____
E-mail _____	
Eligibility for Membership: _____	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

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 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 repor1 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 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.*

FOR CREDIT UNION USE ONLY See Account Change Card ^X See Insurance Beneficiary Card Date of Membership

Signature _____ Date _____ Signature _____ Date _____

OPSTTD App'd by Member Verification

Signature _____ Date _____ ^X Signature _____ Date _____
Banking

ACCOUNT SERVICES

<input type="checkbox"/> Payroll Deduction/Direct Deposit _____	<input type="checkbox"/> ATM Card _____
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority below) _____	<input type="checkbox"/> Debit Card _____
<input type="checkbox"/> PC Access/Internet Banking _____	<input type="checkbox"/> Audio Response _____
	<input type="checkbox"/> Other _____

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

D Individual D Joint Account with Survivorship D Joint Account without Survivorship

Joint Owner _____ **SSN/TIN** _____
Street _____ **Driver's Lic. No.** _____
City/State/Zip _____ **Date of Birth** _____
Home Phone() _____ **Security Code** _____
Listed **Unlisted** **E-mail** _____

Work Phone (_____) _____

Joint Owner _____ **SSN/TIN** _____
Street _____ **Driver's Lic. No.** _____
City/State/Zip _____ **Date of Birth** _____
Home Phone(_____ **Security Code** _____
Listed **Unlisted** **E-mail** _____

Work Phone (_____) _____

ACCOUNT DESIGNATIONS

Listed Payable on Death (POD)/Trust Account Listed All accounts Listed Designate specific account(s)

Beneficiary/POD Payee - Benefic--

City/State/Zip City/State/Zip

D Agency _____

Print name of Agent

Signature _____ (date)

All Accounts Designate specific account(s)

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

Other - _____ D 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 _____

<input type="checkbox"/> Credit Report	<input type="checkbox"/> Check Verify	<input type="checkbox"/> PIN Request
<input type="checkbox"/> Access Card	<input type="checkbox"/> Audio Response	<input type="checkbox"/> PC Access/Internet Banking