

MEMBERSHIP APPLICATION

A MINIMUM \$25.00 DEPOSIT, A COPY OF YOUR SOCIAL SECURITY CARD, AND A COPY OF A PHOTO ID (DRIVERS LICENSE PREFERRED) MUST ACCOMPANY THIS COMPLETED APPLICATION.

ACCOUNT TYPE

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Share/Savings | <input type="checkbox"/> Money Market |
| <input type="checkbox"/> Share Draft/Checking | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Share Certificate/Certificate | <input type="checkbox"/> Other |

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN/Taxpayer identification number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

- | | |
|---|---|
| <input type="checkbox"/> I am subject to backup withholding | <input type="checkbox"/> I am not a United States citizen or resident |
| <input type="checkbox"/> Exempt | (Complete W-8 or W-8 Ben form) |

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Account No. _____

Member/Owner _____	SSN/TIN _____
Street _____	Driver's Lic. No. _____
City/State/Zip _____	Date of Birth _____
Home Phone (_____) _____	Mother's Maiden Name _____
Home E-mail _____	Employment _____
Work Phone (_____) _____	Eligibility for Membership _____
Work E-mail _____	

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 services 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.**

X _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE

X _____	X _____
SIGNATURE	SIGNATURE
DATE	DATE

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"/> Other _____ |
| <input type="checkbox"/> PC Access/Internet Banking _____ | |

ACCOUNT OWNERSHIP

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

- Individual
 Joint with Survivorship
 Joint without Survivorship

JOINT OWNER _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home E-Mail _____ Home Phone (_____) _____
 Work E-Mail _____ Work Phone (_____) _____
 Mother's Maiden Name _____

JOINT OWNER _____ SSN/TIN _____
 Street _____ Driver's Lic. No. _____
 City/State/Zip _____ Date of Birth _____
 Home E-Mail _____ Home Phone (_____) _____
 Work E-Mail _____ Work Phone (_____) _____
 Mother's Maiden Name _____

ACCOUNT DESIGNATIONS

- PAYABLE ON DEATH (POD) TRUST ACCOUNT
 ALL ACCOUNTS
 DESIGNATE SPECIFIC ACCOUNTS _____

Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
 Street _____ Street _____
 City/State/Zip _____ City/State/Zip _____

- 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** _____
 SEE ACCOUNT AUTHORIZATION CARD

FOR CREDIT UNION USE ONLY

DATE OF MEMBERSHIP _____

- CREDIT REPORT
 ACCESS CARD

SEE ACCOUNT CHANGE CARD

OPENED/APP'D BY _____

- CHECK VERIFY
 PIN REQUEST

SEE INSURANCE BENEFICIARY
 CARD
 MEMBER VERIFICATION

- PC ACCESS/INTERNET BANKING