

PLEASE PRINT

Member Application and Information

PLEASE PRINT

Member _____ SSN# _____

Address _____ DL# _____

City _____ State _____ Zip _____ Birthdate _____
MM/DD/YYYY

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Hire Date _____
MM/DD/YYYY**Provide a password if you would like the Credit Union to use it to help verify your identity when you contact us:**

Password _____

Tin Certification and Backup Withholding

By signing below, I certify, under penalties of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designed below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding.

 I am subject to backup withholding *Exempt* *I am NOT a United States Citizen or U.S. person (complete W-8BEN form)*

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 Disclosure applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided I/We agree to the terms of and acknowledge receipt of the Electric Funds Transfer Agreement. *The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding.*

X _____ Date _____ X _____ Date _____

Joint Account Ownership

**All joint owners and member own the accounts jointly with right of survivorship.
Joint owners are not members.**

Joint Owner _____ SSN# _____

Address _____ DL# _____

City _____ State _____ Zip _____ Birthdate _____
MM/DD/YYYY

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Hire Date _____
MM/DD/YYYY

Account Beneficiary(s)

Beneficiary _____ Beneficiary _____

Relationship _____ Relationship _____

Address _____ Address _____

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

Phone _____ Phone _____

For Credit Union Use Only

M24 M28

Date of Membership _____ Opened by _____

OFAC _____ Credit Report _____ ID Verified _____

Eligibility (Local #/Family Member) _____ Verified _____