



TEAMSTERS COUNCIL #37
CREDIT UNION

Membership Card

MEMBERSHIP ACCOUNT NUMBER: _____

MEMBER INFORMATION

PRIMARY MEMBER: _____

SSN: _____ DOB: _____ DL #: _____ STATE: _____

PHYSICAL ADDRESS: _____ CITY, STATE, ZIP: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PH: _____ CELL PH: _____ EMAIL: _____

EMPLOYER: _____ WORK PH: _____ HIRE DATE: _____

PRIMARY MOTHERS MAIDEN NAME/ SECURITY WORD: _____

TIN CERTIFICATION AND BACKUP WITHHOLDING

By signing this authorization, 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 (ITIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholdings because I have 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 back up withholding

I am NOT a United States Citizen or U.S. person (complete W-8 BEN Form)

I am Exempt

JOINT ACCOUNT OWNERSHIP

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

JOINT OWNER: _____

SSN: _____ DOB: _____ DL #: _____ STATE: _____

PHYSICAL ADDRESS: _____ CITY, STATE, ZIP: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PH: _____ CELL PH: _____ EMAIL: _____

EMPLOYER: _____ WORK PH: _____ HIRE DATE: _____

JOINT OWNER: _____

SSN: _____ DOB: _____ DL #: _____ STATE: _____

PHYSICAL ADDRESS: _____ CITY, STATE, ZIP: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PH: _____ CELL PH: _____ EMAIL: _____

EMPLOYER: _____ WORK PH: _____ HIRE DATE: _____



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ACCOUNT BENEFICIARY(S)

NAME:	RELATIONSHIP:
ETIN / SSN:	DATE OF BIRTH:
DRIVERS LICENSE:	STATE:
MAILING ADDRESS:	CITY, STATE, ZIP:
PHONE:	CELL PHONE:

NAME:	RELATIONSHIP:
ETIN / SSN:	DATE OF BIRTH:
DRIVERS LICENSE:	STATE:
MAILING ADDRESS:	CITY, STATE, ZIP:
PHONE:	CELL PHONE:

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 a Debit/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.

Signature:	Date:
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Signature:	Date:
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Signature:	Date:
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Credit Union Use Only

☐ New Account

☐ Reopened Account

☐ Change

Date Opened:	Opened by:	Account Number:
Chex Systems:	OFAC:	Eligibility:
Date of Change:	Reason for Change:	Verified By:
Changed by:		

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Money Market
<input type="checkbox"/> Atm/Debit Card	<input type="checkbox"/> Checks	<input type="checkbox"/> CD