

# ACCOUNT CARD

## MEMBER APPLICATION AND OWNERSHIP INFORMATION

<b>Member/Owner:</b>	<b>Member No:</b>
Designate the ownership of the accounts and responsibility for the services requested. <input type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Joint Account with Survivorship</b>	
Street:	SSN/TIN:
City/State/Zip:	Driver's Lic. No:
Home Phone: (    ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Date of Birth:
Work Phone: (    )	Security Code:
E-mail:	Membership Eligibility:
Employer:	

## ACCOUNT OWNERSHIP

<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: (    ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Work Phone: (    )	E-mail:
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: (    ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Work Phone: (    )	E-mail:
<b>Joint Owner:</b>	SSN/TIN:
Street:	Driver's Lic. No.:
City/State/Zip:	Date of Birth:
Home Phone: (    ) <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Security Code:
Work Phone: (    )	E-mail:

## ACCOUNT DESIGNATIONS

<input type="checkbox"/> <b>Payable on Death (POD)/Trust Account</b> <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s):	
Beneficiary/POD Payee:	Beneficiary/POD Payee:
Street:	Street:
City/State/Zip:	City/State/Zip:
<input type="checkbox"/> <b>UTTMA</b> (as custodian for _____ (minor) under the Missouri Transfers to Minors Law)                      Minor's SSN/TIN:	
<input type="checkbox"/> <b>AGENCY</b> Name of Agent: _____ (please print) Signature: _____ (date) <input type="checkbox"/> All Accounts <input type="checkbox"/> Designate Specific Account(s) <input type="checkbox"/> Personal Custodian Account (as custodian for _____ )	
<input type="checkbox"/> <b>Other</b> _____ <span style="float: right;"><input type="checkbox"/> See Account Authorization Card</span>	

## 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"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Share Certificate _____	<input type="checkbox"/> Other _____

\*The account number for each of the accounts listed above consists of the suffix number added to the end of the Member Number listed on front. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

**ACCOUNT SERVICES**

Payroll Deduction/Direct Deposit:

Audio Response:

Overdraft Protection (Indicate transfer priority):

ATM Card:

Debit Card:

PC Access/Internet Banking:

Other:

**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 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.

**X**

**X**

Signature

Date

Signature

Date

**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 have received and read 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.

**X**

**X**

Signature

Date

Signature

Date

**X**

**X**

Signature

Date

Signature

Date

**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

Access Card

Audio Response

PC Access/Internet Banking