



Account No. _____

Member/Owner _____

Eligibility _____

Address _____

City _____ State _____ Zip _____

Previous address if a current address less than 5 years.

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work/Other (____) _____

Email _____

SSN/TIN _____ Driver's Lic. No. _____ State _____

Date of Birth _____ Mother's Maiden Name _____

Employment _____ SEG Yes No

Eligibility _____

JOINT OWNER INFORMATION

Joint Owner _____

Address _____ City _____ State _____ Zip _____

Previous address if a current address less than 5 years.

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work/Other (____) _____

SSN/TIN _____ Driver's Lic. No. _____ State _____

Date of Birth _____ Mother's Maiden Name _____

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 with holding, and
- (3) I am a US person (including a US 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.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/ We agree to the terms and acknowledge receipt of a copy of the Agreement and Disclosures and the Electronic Funds Transfer Agreement applicable to the accounts and services requested herein. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

Signature _____ Date _____

ACCOUNT SELECTION

- Regular _____ Senior _____
- Teen _____ Kids _____
- Other _____
- Share Savings Share Draft Checking _____
- ATM Card _____ Check Card _____
- Christmas Club Checks _____
- Vacation Club Other _____
- Other _____

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit Internet Banking/Call 24
- Individual Retirement Accounts/CDs Loans
- Youth Accounts Credit Card

MEMBER IDENTIFICATION

MEMBER/OWNER ID

JOINT OWNER ID

NOTES

**OFFICE
USE ONLY**

Account Opened By _____ Date _____

Account Approved By _____ Date _____