

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"/> Holiday Club / 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

<input type="checkbox"/> Payroll Deductions/Direct Deposit:	
<input type="checkbox"/> Zip 24:	
<input type="checkbox"/> Overdraft Protection (Indicate transfer priority):	
<input type="checkbox"/> ATM Card:	<input type="checkbox"/> Debit Card:
<input type="checkbox"/> eBranch:	
<input type="checkbox"/> 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 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.

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 amendments 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 service 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 SIGNATURE	DATE	X SIGNATURE	DATE
X SIGNATURE	DATE	X SIGNATURE	DATE

FOR CREDIT UNION USE ONLY	<input type="checkbox"/> See Account Change Card	
Date of Membership:	Open/Approved By:	Member Verification
<input type="checkbox"/> Credit Report	<input type="checkbox"/> ChexSystems	<input type="checkbox"/> PIN Request
<input type="checkbox"/> ATM/Debit Card	<input type="checkbox"/> Zip 24	<input type="checkbox"/> eBranch
<input type="checkbox"/> OFAC	<input type="checkbox"/> File	
<input type="checkbox"/> Scan IDs	<input type="checkbox"/> Make File	
<input type="checkbox"/> Scan Documents		