

Membership Application

IMPORTANT NOTICE REGARDING NEW ACCOUNTS

To help the government fight terrorism funding and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU

When you open or amend an account, we'll ask for your name, physical street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Please open the following account(s): Checking Savings Debit Card Cert. of Deposit Christmas Club Vacation Club Money Market

The account(s) shall be: Individual Joint

This is a: New Account Joint Owner Addition¹

OR name change: Member Joint Owner

Member number: _____

Account(s) affected: _____

PERSONAL INFORMATION (Please print)

Last Name		First Name	Middle Initial		
Physical Street Address			City	State	Zip
Mailing Address (if different from above)			City	State	Zip
Date of Birth			Email Address		
Driver's License # / State / Country / Issue & Expiration Date			Home Telephone	Business Telephone	Mobile Telephone ²
Occupation (if retired or unemployed, please list former occupation)			Employer		

MEMBERSHIP ELIGIBILITY

Please indicate your eligibility type.

TAX CERTIFICATION

Social Security Number/Taxpayer Identification Number

PART I. Enter your Taxpayer Identification Number (TIN). The TIN provided must match the name given above to avoid backup withholding. For individuals, this is your Social Security Number. For a resident alien, sole proprietor, or disregarded entity, see Part I instructions to IRS form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" in Part 1 instructions to IRS form W-9. If the account is more than one name, see the chart in Part II of the instructions to IRS W-9 for whose number to enter.

<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PART II. Certification. Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 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 US citizen or other US person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

JOINT OWNER(S) INFORMATION If there are more than three joint persons on this account, please use a second Account Card and label the top of each Card: "Card 1 of 2" and "Card 2 of 2", respectively.

JOINT 1: Last Name	First Name	Middle Initial	Date of Birth	Social Security Number	
Physical Street Address			City	State	Zip
Driver's License or Passport # / State / Country / Issue & Expiration Date			Home Telephone	Business Telephone	Mobile Telephone ²
Occupation (if retired or unemployed, please list former occupation)			Employer	Email Address	

JOINT 2: Last Name	First Name	Middle Initial	Date of Birth	Social Security Number	
Physical Street Address			City	State	Zip
Driver's License or Passport # / State / Country / Issue & Expiration Date			Home Telephone	Business Telephone	Mobile Telephone
Occupation (if retired or unemployed, please list former occupation)			Employer	Email Address	

OVERDRAFT PROTECTION

I authorize you to clear any overdrafts on my checking account from the account(s) listed in preferential numerical order below (1, 2 and/or 3 -- please use each number only once).

Savings Account**# _____ Other Account**# _____

DESIGNATION OF PAY-ON-DEATH PAYEE(S) (Optional)

PAYEE 1: First Name / Last Name or Name of Trust _____ Social Security # _____ Home Telephone _____

Physical Street Address _____ City _____ State _____ Zip _____

PAYEE 2: First Name / Last Name or Name of Trust _____ Social Security # _____ Home Telephone _____

Physical Street Address _____ City _____ State _____ Zip _____

ACCOUNT AGREEMENT / AUTHORIZATION

This Membership Application controls all accounts opened and listed in the Account Number section at the top of this card, except Individual Retirement Arrangements (IRA), Fiduciary or business accounts. I/We understand that if I/we wish to open new accounts under terms and conditions other than those set forth herein, or with different ownership, I/we must execute a new Account Card. I/We also understand that the terms and conditions set forth in any subsequently-executed Account Card shall apply only to those account numbers listed on the card with different ownership.

Acknowledgment and Agreement

I/We promise that all information stated in this application is true and accurate to the best of my/our knowledge and promise to notify us immediately in writing if there are important changes. I/We agree to conform to all applicable terms and conditions set forth in the Membership and Deposit Account Agreement and the Accounts Rate and Fees Schedule, receipt of all of which, is hereby acknowledged and are incorporated by this reference. I request electronic access devices for ATM, Point-of-Sale, debit card, Online/Mobile Banking, and/or audio response. If I qualify, you shall provide a disclosure of terms and conditions with the access device. My/Our use of any access device will signify my/our acceptance of the device and the terms and conditions of its usage. I/We authorize the credit union to obtain credit bureau reports for evaluating this application and in the future for reviewing credit limits, renewals, servicing and collection purposes, and for other legitimate purposes associated with my/our account. Upon my/our request, you will inform me/us if a consumer report was requested, and if it was, provide me/us with the name and address of the consumer reporting agency that furnished the report.

I/We also authorize the credit union to verify employment, income, address and all other information provided with credit reporting agencies, employers, third parties, and through records maintained by federal and state agencies (including any state motor vehicle department) and waive any rights of confidentiality I/We may have in that information under applicable law.

Be sure to include your opening deposit(s), Social Security Card and a copy of primary government issued identification (Drivers Lic, State issued ID or Passport) for each account owner. Please note that we cannot process your application until it's signed.



Federally insured by NCUA.

How did you hear about us? _____

Member's Signature _____ Date _____ Joint Owner's Signature _____ Date _____
Joint Owner's Signature _____ Date _____

INTERNAL USE ONLY
Purpose of Account: _____ Source of Funds: _____
Date _____
 Eligibility for membership verified
 Originating employee has verified all of the above
Employee Name (PRINT) _____ Initials _____ Date _____