



MEMBERSHIP ELIGIBILITY Check ONE of the following:

- Work (name of employer )
Family/Relative of someone eligible for membership: (Relative's Name) Relationship

MEMBER INFORMATION

Member Name:
Address:
City/State/Zip:
Phone: H C
Employer:
Work Phone:

Member No.
Email Address:
SSN:
Birth Date:
Driver's License No.:
Exp. Date: State:

ACCOUNT OWNERSHIP Designate additional ownership or beneficiaries of accounts:

Joint Account with Right of Survivorship

Joint Owner #1

Name:
Address:
City/State/Zip:
Phone: H C
Employer:
Work Phone:

Email Address:
SSN:
Birth Date:
Driver's License No.:
Exp. Date: State:

Joint Owner #2

Name:
Address:
City/State/Zip:
Phone: H C
Employer:
Work Phone:

Email Address:
SSN:
Birth Date:
Driver's License No.:
Exp. Date: State:

Payable on Death (POD) Account

- All Accounts
Designate specific account(s)
Beneficiary

UTMA Account (list minor's name and TIN here):

TIN AND BACKUP WITHHOLDING CERTIFICATION

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my correct identification number, and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a 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 backup withholding
I am not a United States citizen or resident alien(Complete W-8 BEN)
Exempt

**AUTHORIZATION**

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures & Rate and Fee Schedule, Funds Availability Policy Privacy Policy and Electronic Funds Transfer Agreement and to any amendment you make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested above. *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.*

\_\_\_\_\_  
Joint Owner Date

\_\_\_\_\_  
Member Date

\_\_\_\_\_  
Joint Owner Date

**Credit Union Use Only**

Account # _____	Date Opened _____	ID Verification _____
Opened By _____	Chex Systems _____	OFAC _____
Date of Change _____	Changed By _____	